

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 278009

1. Entity Name
DEWAR NURSERIES, INC.



Principal Place of Business

**625 W KEENE RD
APOPKA, FL 32703**

Mailing Address

**625 W KEENE RD
APOPKA, FL 32703**

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1031608

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DEWAR, A E
6068 LINNEAL BEACH DR.
APOPKA, FL 32703**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

110000033077
04/25/05-60153-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DEWAR, WILLIAM E
STREET ADDRESS	625 W. KEENE RD.
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	VPD
NAME	DEWAR, ALEX E
STREET ADDRESS	6068 LINNEAL BEACH DR.
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	STD
NAME	DEWAR, MARY C
STREET ADDRESS	6068 LINNEAL BEACH DR.
CITY-ST-ZIP	APOPKA, FL

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/05

Date

407-886-1188

Daytime Phone #