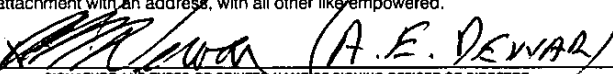


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90023 036 ***150.00

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01122006 Chg-P CR2E034 (11/05)	
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			7. Name and Address of New Registered Agent		
DEWAR, A E 6068 LINNEAL BEACH DR. APOPKA, FL 32703			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEWAR, WILLIAM E 625 W. KEENE RD. APOPKA, FL 32703 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DEWAR, ALEX E 6068 LINNEAL BEACH DR. APOPKA, FL 32703 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DEWAR, MARY C 6068 LINNEAL BEACH DR. APOPKA, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		1-23-06 (407) 886-1188			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			