FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000004310

1. Entity Name
SEW-DEE, INC.

FILED
07 MAY -1 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
200102212972
05/11/07--01030--005 **150.00

CR2E034B (8/05) 07

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
296 OSPREY LANE, E Suite, Apt. #, etc.	P.O. BOX 214 Suite, Apt. #, etc.
City & State: LLOYD	City & State: LLOYD
Zip: 323370214 Country: U.S.	Zip: 32337-0214 Country: U.S.

4. FEI Number 90-0143125 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DENESE HAMILTON

Street Address (P.O. Box Number is Not Acceptable): 296 OSPREY LANE, EAST

City: LLOYD **FL** Zip Code: 32337-024

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: Denese H
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	HAMILTON, DENESE V.	NAME	
STREET ADDRESS	P.O. BOX 214	STREET ADDRESS	
CITY-ST-ZIP	LLOYD, FL 32237	CITY-ST-ZIP	
TITLE	ST	TITLE	
NAME	HAMILTON, SEWARD E.	NAME	
STREET ADDRESS	P.O. BOX 24	STREET ADDRESS	
CITY-ST-ZIP	LLOYD, FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Denese Hamilton 5-1-07 342-1145 H 997-3555 W
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #