


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000088240</b> 1. Entity Name DEW HILL FARMS, INC.	
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Principal Place of Business 37121 DEW DRIVE DADE CITY, FL 33525	Mailing Address 37121 DEW DRIVE DADE CITY, FL 33525
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**DO NOT WRITE IN THIS SPACE**



03082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3288889	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BLAKE, NORMAN J 37121 DEW DRIVE DADE CITY, FL 33525
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEW, WILBUR I 10550 FORT KING RD DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEW, PATSY L 10550 FORT KING RD DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLAKE, NORMAN J 37121 DEW DRIVE DADE CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLAKE, VIRGINIA D 37121 DEW DRIVE DADE CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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04/30/07-80040-010 150.00

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:** Norman J. Blake Norman J BLAKE 04-07-07 352-567-9067  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #