


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90026 038 ***150.00

DOCUMENT # 278009 1. Entity Name DEWAR NURSERIES, INC.	
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Principal Place of Business 625 W KEENE RD APOPKA, FL 32703	Mailing Address 625 W KEENE RD APOPKA, FL 32703
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DO NOT WRITE IN THIS SPACE



02182008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1031608	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DEWAR, E 6068 LINNEAL BEACH DR. APOPKA, FL 32703	WILLIAM E. DEWAR 625 W. KEENE RD APOPKA, FL 32703
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**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 <u>Wm E Dewar</u>	<u>WILLIAM E. DEWAR, PRESIDENT</u>	<u>2/20/2008</u>
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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEWAR, WILLIAM E 625 W. KEENE RD. APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DEWAR, ALEX E 6068 LINNEAL BEACH DR. APOPKA, FL 32703
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: <u>Wm E Dewar</u>	<u>WILLIAM E. DEWAR</u>	<u>2/20/2008</u>	<u>407-886-1188</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #