

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 278009

**FILED**  
**Feb 14, 2012**  
**Secretary of State**

**Entity Name:** DEWAR NURSERIES, INC.

**Current Principal Place of Business:**

625 W KEENE RD  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

625 W KEENE RD  
APOPKA, FL 32703

**New Mailing Address:**

**FEI Number:** 59-1031608

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEWAR, WILLIAM E  
625 W KEENE ROAD  
APOPKA, FL 32703 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** DEWAR, WILLIAM E  
**Address:** 625 W. KEENE RD.  
**City-St-Zip:** APOPKA, FL 32703

**Title:** VPD  
**Name:** DEWAR, ALEX E  
**Address:** 6068 LINNEAL BEACH DR.  
**City-St-Zip:** APOPKA, FL 32703

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ALEX E. DEWAR

VPD

02/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date