

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 389961

Entity Name: DEWCO CORP.

FILED  
Apr 20, 2007  
Secretary of State

**Current Principal Place of Business:**

405 THORPE ROAD  
ORLANDO, FL 32824 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 593448  
ORLANDO, FL 328593448 US

**New Mailing Address:**

FEI Number: 59-1393509

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WARREN, DAVID E PRES  
405 THORPE ROAD  
ORLANDO, FL 34824 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WARREN, DAVID E PRES.  
Address: 14253 COUNTRY ESTATE DR  
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: D ( ) Delete  
Name: WARREN, NINA G D.  
Address: 3413 ELLEN DRIVE  
City-St-Zip: ORLANDO, FL 32806 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID E. WARREN

PRES

04/20/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date