

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 597766

1. Entity Name
EWING AND EWING, INC.



Principal Place of Business
5160 EWING ROAD
FORT MEADE, FL 33841 US

Mailing Address
5160 EWING ROAD
FORT MEADE, FL 33841 US



02152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1874717

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EWING, BENJAMIN F.
5160 E. EWING ROAD
FORT MEADE, FL 33841

**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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME EWING, BEN F
STREET ADDRESS 5160 E EWING RD
CITY-ST-ZIP FORT MEADE, FL 33841

TITLE VPD
NAME EWING, JACQUELINE A
STREET ADDRESS 5160 EWING RD
CITY-ST-ZIP FORT MEADE, FL 33841

TITLE STD
NAME BIRGE, DOROTHY R
STREET ADDRESS 160 W HOOKER
CITY-ST-ZIP BARTOW, FL 33830

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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03/09/05-80016-025 150.00

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IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jacqueline A. Ewing / Jacqueline A. Ewing 3/07/2005 863 537-1798

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #