2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J13520

1. Entity Name DEWITT REALTY, INC.



Principal Place of Business

Mailing Address

1220 NE 48 STREET POMPANO BEACH, FL 33064 1220 NE 48 STREET POMPANO BEACH, FL 33064

FILED Jan 16, 2007 8:00 am Secretary of State

01-16-2007 90190 035 ***150.00



DO NOT WRITE IN THIS SPACE

01082007 No Chg-P CR2E034 (11/05)

 4. FEI Number
 Applied For

 59-2697238
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEWITT, RICHARD 1220 NE 48TH ST POMPANO BEACH, FL

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, the obligat	named entity submits this statement for the poons of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and little	f applicable. (NOTE: Registered	Agent agnature	réquired when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEWITT, RICHARD 1220 NE 48 ST POMPANO BEACH, FL 33064				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DEWITT, RICHARD 1220 NE 48 ST POMPANO BEACH, FL 33064				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZEP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
MTLE					

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:

NAME STREET ADDRESS CITY-ST-7IP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/00 954-946-4602