

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90178 015 ***150.00

DOCUMENT # J26581

1. Entity Name
THE DEWAR GROUP, INC.



Principal Place of Business

~~30 THURSTON DR.~~
~~PALM BEACH GARDENS, FL 33418 US~~
602 SOUTH PINEAPPLE
SARASOTA, FL 34236

Mailing Address

~~30 THURSTON DR.~~
~~PALM BEACH GARDENS, FL 33418 US~~

J4UBJ423



03112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2704797

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DEWAR, M. SUSAN
~~30 THURSTON DR.~~ **602 S. PINEAPPLE**
~~PALM BEACH GARDENS, FL 33418~~
SARASOTA, FL 34236

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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

Susan Dewar, President
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/13/04
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	DEWAR, M. SUSAN
STREET ADDRESS	30 THURSTON DRIVE
CITY-ST-ZIP	PALM BCH GRDNS, FL 33418
TITLE	VP
NAME	DEWAR, JOHN R
STREET ADDRESS	30 THURSTON DRIVE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
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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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:

Susan Dewar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN DEWAR
PRESIDENT

Date

4/13/04

Daytime Phone #

(041) 202-3944