


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90984 041 ***150.00

DOCUMENT # L34323	
1. Entity Name DEWEY'S JUST VETTES, INC.	

Principal Place of Business 416 COMMERCE WAY STE 170 LONGWOOD FL 32750	Mailing Address 416 COMMERCE WAY STE 170 LONGWOOD FL 32750
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2. Principal Place of Business 5150 MT. PLYMOUTH RD Suite, Apt. #, etc.	3. Mailing Address 5150 MT. PLYMOUTH RD Suite, Apt. #, etc.
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MOORE CR2E034 (11/03)

City & State Apopka FL	City & State Apopka, FL
Zip 32712	Zip 32712
Country USA	Country USA

4. FEI Number 59-2988107	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HENDRICKS, DONNA G 1949 SNOOK DRIVE STE 170 DELTONA FL 37238	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Donna G. Hendricks <small>Signature, typed or printed name of registered agent and title if applicable.</small>	Donna G. Hendricks <small>(NOTE: Registered Agent signature required when reinstating)</small>	4/23/04 <small>DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENDRICKS, DEWEY L. 416 COMMERCE WAY STE 170 LONGWOOD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5150 MT. PLYMOUTH RD Apopka, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD HENDRICKS, DONNA G. 416 COMMERCE WAY STE 170 LONGWOOD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5150 MT. PLYMOUTH RD Apopka, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Dewey L. Hendricks <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 4/20/04 Daytime Phone # 407-884-7155