2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2007 8:00 am
Secretary of State
03-07-2007 90018 041 ***150.00

DOCUMENT # P02000020137

1. Entity Name
DEW ENTERPRISES, INCORPORATED

Principal Place of Business
3150 W NEW HAVEN AVE
MELBOURNE FL 32904

Mailing Address
3476 SADDLE BROOK DR
MELBOURNE FL 32934

2. Principal Place of Business - No P.O. Box # 3476 SADDLE BROOK DR
Suite Apt. #, etc.

3. Mailing Address
Suite Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State MELBOURNE
Zip FL
Country USA

City & State
Zip 32934
Country

4. FEI Number 02-0542120 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
WILLIAMS, EDWARD D
3476 SADDLEBROOK AVE
MELBOURNE FL 32934

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME WILLIAMS, EDWARD D STREET ADDRESS 3476 SADDLE BROOK DRIVE CITY ST ZIP MELBOURNE FL 32934	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE D NAME WILLIAMS, DEBORAH D STREET ADDRESS 3476 SADDLE BROOK DRIVE CITY ST ZIP MELBOURNE FL 32934	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: E D Williams EDWARD D. WILLIAMS 2/20/07 321-917-7294
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #