

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90039 043 ***150.00

DOCUMENT # P02000045474

1. Entity Name
DEWITT MOTORS, INC.



Principal Place of Business

2820 BEE RIDGE RD
SARASOTA, FL 34239

Mailing Address

2820 BEE RIDGE RD
SARASOTA, FL 34239

40004758



DO NOT WRITE IN THIS SPACE

01142005 No Chg-P CR2E034 (10/03)

4. FEI Number
42-1533289

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEWITT, ROBERT
3348 S SECLUSION DR
SARASOTA, FL 34239

**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	DP
NAME	DEWITT, ROBERT
STREET ADDRESS	3348 S SECLUSION DR
CITY - ST - ZIP	SARASOTA, FL 34239
TITLE	DS
NAME	DEWITT, JOHN C
STREET ADDRESS	2541 LINWOOD DR
CITY - ST - ZIP	SARASOTA, FL 34242
TITLE	DT
NAME	DEWITT, LARRY B
STREET ADDRESS	4334 PINE MEADOWS TERR
CITY - ST - ZIP	SARASOTA, FL 34233
TITLE	DVP
NAME	DEWITT, DANNY
STREET ADDRESS	2614 WELLS AVENUE
CITY - ST - ZIP	SARASOTA, FL 34232

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/05 941-924-6469