

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000027225

1. Entity Name
DWYER AND ASSOCIATES, INC.



Principal Place of Business
3381 REGAL CREST DR
LONGWOOD, FL 32779

Mailing Address
3381 REGAL CREST DR
LONGWOOD, FL 32779

FILED

09 JAN -9 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01052009 No Chg-P CR2E034 (11/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2330949
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DWYER, MICHAEL J
3381 REGAL CREST DRIVE
LONGWOOD, FL 32779

**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, 2009 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	DWYER, MICHAEL J
STREET ADDRESS	3381 REGAL CREST DR.
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	SD
NAME	DWYER, JUDY M
STREET ADDRESS	3381 REGAL CREST DR.
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200140189052
01/09/09-01038-020 **150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/09
Date

407-804-0278
Daytime Phone #