

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

02-19-2004 90020 038 ***150.00

DOCUMENT # P03000040763

1. Entry Name
DEWEY TRANSPORT, INC.



Principal Place of Business
**2470 ROCKFILL ROAD
FORT MYERS, FL 33916**

Mailing Address
**2470 ROCKFILL ROAD
FORT MYERS, FL 33916**

66404847

2. Principal Place of Business

3. Mailing Address

P O BOX 1648

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02102004

Chg-P

CR2E034 (10/03)

City & State

City & State

FT MYERS, FL

4. FEI Number

65-1185050

Applied For

Not Applicable

Zip

Country

Zip

Country

33902

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEWEY, BRUCE
2470 ROCKFILL ROAD
FORT MYERS, FL 33916**

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 re-electing)

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
NAME
STREET ADDRESS
CITY- ST- ZIP
**PRES
BRUCE DEWEY
1910 VIRGINIA AV-1601
FT MYERS, FL 33901**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/04

239-372-2449