

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P03000040763**

1. Entity Name  
**DEWEY TRANSPORT, INC.**



**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90031 013 \*\*\*150.00

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

Mailing Address  
**P.O. BOX 309  
FORT MYERS, FL 33902**

2. Principal Place of Business - No P.O. Box #  
**2566 ROCKFILL RD.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**FT MYERS, FL**

City & State

Zip  
**33916**

Country

Zip

Country

01052007 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-1185050**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name

**BRUCE DEWEY**

Street Address (P.O. Box Number is Not Acceptable)

**2566 ROCKFILL RD.**

City

**FT MYERS**

**FL**

Zip Code

**33916**

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, 2007 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

**P  
DEWEY, BRUCE  
1910 VIRGINIA AVE., 1601  
FORT MYERS, FL 33901**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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

*[Signature]*

*1/29/07*

Date

Daytime Phone #