

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90284 006 \*\*\*150.00

**DOCUMENT # P03000129570**

1. Entity Name  
 HEWITT SERVICES, INC.



Principal Place of Business  
 17420 BUTLER ROAD  
 FORT MYERS, FL 33912

Mailing Address  
 17420 BUTLER ROAD  
 FORT MYERS, FL 33912

40078521



2. Principal Place of Business - No P.O. Box #  
 3. Mailing Address

Suite, Apt. #, etc.  
 Suite, Apt. #, etc.

City & State  
 City & State

03312007 Chg-P CR2E034 (12/06)

Zip  
 33967 Country

Zip  
 33967 Country

4. FEI Number  
 20-0382086

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

HEWITT, SUSAN B  
 17420 BUTLER ROAD  
 FORT MYERS, FL 33912

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code 33967

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: Susan Hewitt DATE: 4/19/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	D	<input type="checkbox"/> Delete
NAME	HEWITT, VICTOR R	
STREET ADDRESS	17420 BUTLER ROAD	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEWITT, SUSAN B	
STREET ADDRESS	17420 BUTLER ROAD	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEWITT, BRENT L	
STREET ADDRESS	17420 BUTLER ROAD	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hewitt, Victor R	
STREET ADDRESS	17420 Butler Rd	
CITY-ST-ZIP	Fort Myers FL 33967	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hewitt, Susan B	
STREET ADDRESS	17420 Butler Rd	
CITY-ST-ZIP	Fort Myers, FL 33967	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hewitt, Brent L	
STREET ADDRESS	17420 Butler Rd	
CITY-ST-ZIP	Fort Myers FL 33967	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Susan Hewitt DATE: 4/19/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR