2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1of2

9/6/2006-90036-040-$150.00-$150.00

FILED

06 SEP 26 PM 1:45

DOCUMENT # P04000059397

1. Entity Name

D.E.W.S RENOVATIONS INC

Principal Place of Business	Mailing Address
1909 LAKE PEARL DR HOME GOTHA FL 34734	1909 LAKE PEARL DR HOME GOTHA FL 34734

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

STATEMENT (06)

4. FEI Number 56-2449337 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, RICK E
1909 LAKE PEARL DR
GOTHA FLORIDA FL 34734

7. Name and Address of New Registered Agent

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 reinstating) DATE

FILE NOW!!! FEE IS $550.00
DUE BY September 6, 2006
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☑

9. Election Campaign Financing Trust Fund Contribution. ☐ — **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, DENNIS E 1909 LAKE PEARL DR GOTHA FLORIDA FL 34734	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS 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: ______________________ 9/20/06 407-467-5205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9/20/06

B. Mitchell SEP 26 2006

ATTACHMENT

August 31st 2006

Attention
Division of Corporation
Annual Report Corporation
P.O Box 6850
Tallahassee Fl. 32314

401029961
#P04000059597

To whom it may concern:

We didn't receive the letter in January so therefore this letter is necessary so I'm writing this letter to have the $400 DOLLAR fee waived. Thankyou for your time.

Thankyou.

Jim Hall

Lisa Stenger