


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P94000084015</b> 1. Entity Name <b>STEVE DEWEL &amp; ASSOCIATES, INC.</b>	
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Principal Place of Business <b>3605 CREEKSIDE DR. SEBRING, FL 33872 US</b>	Mailing Address <b>3605 CREEKSIDE DR. SEBRING, FL 33872 US</b>
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01132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0537814</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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

**DEWEL, ISABEL  
3605 CREEKSIDE DR.  
SEBRING, FL 33872**

**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 renesting)

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

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02/28/07-80023-023 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PSTD
NAME	DEWEL, STEVE
STREET ADDRESS	3605 CREEKSIDE DR.
CITY-ST-ZIP	SEBRING, FL 33875

TITLE	D
NAME	DEWEL, ISABEL
STREET ADDRESS	3605 CREEKSIDE DR.
CITY-ST-ZIP	SEBRING, FL 33875

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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:** Isabel H Dewel **ISABEL H DEWEL** 2/16/07 863 382-4642  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #