2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2008 08:00 AN Secretary of State DOCUMENT # P94000084015 1. Entity Name STEVE DEWEL & ASSOCIATES, INC. Principal Place of Business Mailing Address 3605 CREEKSIDE DR. 3605 CREEKSIDE DR. SEBRING, FL 33872 SEBRING, FL 33872 US 01092008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0537814 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEWEL, ISABEL DO NOT WRITE 3605 CREEKSIDE DR. SEBRING, FL 33872 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 argnature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 U000000880290 OFFICERS AND DIRECTORS 10. 04/15/08-80056-008 150.00 **PSTD** TITLE DEWEL, STEVE NAME STREET ADDRESS 3605 CREEKSIDE DR. CITY-ST-ZIP SEBRING, FL 33875 TITLE D DEWEL, ISABEL NAME STREET ADDRESS 3605 CREEKSIDE DR. CITY-ST-ZIP SEBRING, FL 33875 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

CITY-ST-ZIP MARKE STREET ADDRESS

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 eath; 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 of the corporation or the receiver or trustee empoy changed, or on an attachment with an address, w

SIGNATURE: _

MLE NAME STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS

TITLE

IN THIS SPACE