

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000088240

1. Entity Name
DEW HILL FARMS, INC.



Principal Place of Business

37121 DEW DRIVE
DADE CITY, FL 33525

Mailing Address

37121 DEW DRIVE
DADE CITY, FL 33525



03032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3288889

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BLAKE, NORMAN J
37121 DEW DRIVE
DADE CITY, FL 33525

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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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DEW, WILBUR I
STREET ADDRESS	10550 FORT KING RD
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	S
NAME	DEW, PATSY L
STREET ADDRESS	10550 FORT KING RD
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	T
NAME	BLAKE, NORMAN J
STREET ADDRESS	37121 DEW DRIVE
CITY-ST-ZIP	DADE CITY, FL
TITLE	V
NAME	BLAKE, VIRGINIA D
STREET ADDRESS	37121 DEW DRIVE
CITY-ST-ZIP	DADE CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/06-80026-001 150.00

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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:

Norman J. Blake
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-06
Date

352-567-9067
Daytime Phone #