


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000056550</b> 1. Entity Name JOHN H. DEW, P. A.		
Principal Place of Business 7555 SAN MIGUEL WAY NAPLES, FL 34109	Mailing Address 7555 SAN MIGUEL WAY NAPLES, FL 34109	
<b>DO NOT WRITE IN THIS SPACE</b>		



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3588252

5. Certificate of Status Desired ☐ Applied For  
Not Applicable

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent  ROSS, DONALD K JR 2640 GOLDEN GATE PARKWAY STE 206 NAPLES, FL 34105
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000556457 05/17/06-80009-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEW, JOHN H 7555 SAN MIGUEL WAY NAPLES, FL 34109
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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:** \_\_\_\_\_ **4/20/06 (239) 576-1735**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #