

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90012 033 ***150.00

DOCUMENT # S66441

1. Entity Name

DEW ELECTRIC CO., INC.



Principal Place of Business

9932 - 136TH STREET NORTH
SEMINOLE FL 33776
US

Mailing Address

P.O. BOX 4526
SEMINOLE FL 34642
US

34036918



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

9932-136 STREET NO.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SEMINOLE, FL

4. FEI Number

59-3079745

Applied For

Not Applicable

Zip

Country

Zip

Country

33776

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, WALTER E
757 ARLINGTON AVENUE NORTH
ST. PETERSBURG FL 33701

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 \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 PTD ☐ Delete
NAME DAVIS, EVERETT C
STREET ADDRESS 9932 136TH STREET NORTH
CITY-ST-ZIP SEMINOLE FL 33776

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSD ☐ Delete
NAME RAINEY, LOUIS T
STREET ADDRESS 330-137TH AVENUE CIRCLE
CITY-ST-ZIP MADEIRA BEACH FL 33708

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Everett Davis EVERETT DAVIS

4/15/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #