


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V10014</b> 1. Entity Name <b>DEWAR DEVELOPMENT CORPORATION, INC.</b>	
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Principal Place of Business <b>12848 MEADOW BREEZE DR WELLINGTON, FL 33414</b>	Mailing Address <b>12848 MEADOW BREEZE DR WELLINGTON, FL 33414</b>
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01112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0304033</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
  
**PARSONS, MARK E.  
3125 US 1 SOUTH  
SUITE A  
ST AUGUSTINE, FL 32086**

**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 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DEWAR, DONALD BERNARD 12848 MEADOW BREEZE DR WELLINGTON, FL 33414</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DEWAR, CATHY KALVELAGE 8577 ESTATE DR WEST PALM BEACH, FL</b>
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**DO NOT WRITE IN THIS SPACE**

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01/19/06-80073-008 150.00

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:**  **Donald B Dewar** 1-11-06 561-628-4970  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #