

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000006251

Entity Name: HEWITT & DASHER, INC.

FILED
Jul 09, 2004
Secretary of State

Current Principal Place of Business:

411 SOUTH MAIN ST
HINESVILLE, GA 31313

New Principal Place of Business:

Current Mailing Address:

411 SOUTH MAIN ST
HINESVILLE, GA 31313

New Mailing Address:

FEI Number: 59-3282209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HEWITT, GREG
2294 MAYPORT RD #25
ATLANTIC BCH, FL 32233 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: DASHER, ALAN
Address: 922 TIMBERLAND CT.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VT () Delete
Name: HEWITT, GREG
Address: 911 TINBERWALK CT.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HEWITT, GREG
Address: 911 TINBERWALK CT.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREG HEWITT

VP

07/09/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date