

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000005574	
1. Entity Name D. DEAN & ASSOICATES, INC.	

Principal Place of Business 6531 EFFINGHAM WAY STE. A COLUMBUS, GA 31909	Mailing Address 6531 EFFINGHAM WAY STE. A COLUMBUS, GA 31909
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DO NOT WRITE IN THIS SPACE



03302004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2450237	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BROWN, WILLIAM L III 2810 BRUCKEN ROAD VALRICO, FL 33594
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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 WILLIAM L. BROWN III DATE 3/31/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U000000109017
04/12/04 00027 005 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DEAN, DANNY B 6531 EFFINGHAM WAY STE. A COLUMBUS, GA 31909
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DEAN, WANDA A 6531 EFFINGHAM WAY STE. A COLUMBUS, GA 31909
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IN THIS SPACE**

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: Danny B Dean DATE 4/6/04 DAYTIME PHONE # 706-321-0590

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR