

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000004887

**Entity Name:** DEAN'S PALS, INC.

**Current Principal Place of Business:**

186 CANNON AVENUE  
STATEN ISLAND, NY 10314

**Current Mailing Address:**

186 CANNON AVENUE  
STATEN ISLAND, NY 10314 US

**FEI Number:** 27-2143476

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 US

*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

**Officer/Director Detail :**

Title MR.  
Name JOHNSON, RALPH C  
Address 5362 ARTHUR KILL RD  
City-State-Zip: STATEN ISLAND NY 10307

Title MRS.  
Name JOHNSON, ANGEL  
Address 5362 ARTHUR KILL RD  
City-State-Zip: STATEN ISLAND NY 10307

Title MR.  
Name CAPPAZE, ANTHONY  
Address 5362 ARTHUR KILL RD  
City-State-Zip: STATEN ISLAND NY 10307

Title MR.  
Name REA, TED  
Address 5362 ARTHUR KILL RD  
City-State-Zip: STATEN ISLAND NY 10307

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RALPH JOHNSON

CHAIRMAN

01/09/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date