



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90198 005 \*\*\*150.00

<b>DOCUMENT # 217502</b> 1. Entity Name <b>DEAN STEEL BUILDINGS, INC.</b>					
Principal Place of Business <b>2929 INDUSTRIAL AVE FT MYERS, FL 33901</b>			Mailing Address <b>2929 INDUSTRIAL AVE FT MYERS, FL 33901</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		02262008      Chg-P      CR2E034 (12/06)	
4. FEI Number <b>59-0866523</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DEAN, CHARLES W 2929 INDUSTRIAL AVENUE FT MYERS, FL 33901</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DEAN, KAREN RAE</b> <b>2444 MCGREGOR BLVD</b> <b>FORT MYERS, FL 33901</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Charlotte Edwards</b> <b>2929 Industrial Avenue</b> <b>Fort Myers, FL 33901</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CLARK, WILLIAM A</b> <b>P.O. BOX 1378</b> <b>FORT MYERS, FL 33901</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Jeffrey Richards</b> <b>2929 Industrial Avenue</b> <b>Fort Myers, FL 33901</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCP</b> <b>DEAN, CHARLES W</b> <b>2444 MCGREGOR BLVD</b> <b>FT MYERS, FL 33901</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Kenneth Fisher</b> <b>2929 Industrial Avenue</b> <b>Fort Myers, FL 33901</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FISHER, JULIE</b> <b>12 COVENTRY DR</b> <b>ROME, GA 30161</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Michel Boyer</b> <b>2929 Industrial Avenue</b> <b>Fort Myers, FL 33901</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>DEAN, NANETTE</b> <b>12842 KEDLESTON CIR</b> <b>FORT MYERS, FL 33912</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Jon Amann</b> <b>2929 Industrial Avenue</b> <b>Fort Myers, FL 33901</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>RICHARDS, JEANETTE</b> <b>2929 INDUSTRIAL AVE</b> <b>FORT MYERS, FL 33901</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Karen R. Dean</i>		<b>Karen R. Dean</b>		<b>2-27-08</b> <b>239-334-1051</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	