


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90194 038 ***150.00

DOCUMENT # 416107					
1. Entity Name DEAN SPEARMAN SALES CORP.					
Principal Place of Business 6706 DRIFTING SANDS RD. TAMPA, FL 33617 US			Mailing Address 6706 DRIFTING SANDS RD. TAMPA, FL 33617 US		
2. Principal Place of Business 614 DRUID HILLS ROAD Suite, Apt. #, etc.		3. Mailing Address 614 DRUID HILLS ROAD Suite, Apt. #, etc.			
City & State TEMPLE TERRACE FL		City & State TEMPLE TERRACE FL		4. FEI Number 59-1447480	
Zip 33617		Country HILLSBROUGH		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33617		Country HILLSBROUGH		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPEARMAN, DEAN 6706 DRIFTIN SANDS RD. TEMPLE TERRACE, FL 33617			7. Name and Address of New Registered Agent Name DEAN SPEARMAN Street Address (P.O. Box Number is Not Acceptable) 614 DRUID HILLS ROAD City TEMPLE TERRACE FL Zip Code 33617		
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: <i>Dean Spearman</i> DEAN SPEARMAN PRESIDENT DATE: 4/27/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSV SPEARMAN, DEAN 11503 CERCA DEL RIO PLACE TEMPLE TERRACE, FL 33617	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 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: <i>Dean Spearman</i> DEAN SPEARMAN PRESIDENT DATE: 4/27/04 813-985-0987 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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