2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #416107

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

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

05-04-2004 90194 038 ***150.00

1. Entity Nan DEAN SF	ne PEARMAN SALES CORP.							
Principal Plac	ce of Business	Mailing Address	l .		9.4	100004		
		6706 DRIFTING SANDS RD. TAMPA, FL 33617 US			24068212			
	Place of Business RUID HILLS ROAD	3. Mailing Address 6/4 DRUID H.	TIIS PAAN					
Suite, Apt.		Suite, Apt. #, etc.	ZECO NOA V	04272004	Chg-P	CR2E034 (10/03)		
City & State TEMPLE TERRACE FL 7		City & State TEMPLE TERRACE FL		4. FEI Numbe		· · · · · · ·	oplied For	
Zip	E TERRACE FL Country	Zip Zip	Country	59-1447	•	_ \$8.75 Add	ot Applicable	
3361		33617	HULSBROUG	·H	of Status Desired	Fee Require		
	6. Name and Address of Current R	Registered Agent	Name	7. Name and	Address of New	Registered Agent		
	AN, DEAN TIN SANDS RD.		Street Addre	S PEAR Mess (P.O. Box Number	is Not Acceptab	le)		
TEMPLE TERRACE, FL 33617			614 0	PRUID HI	LLS ROP	D		
City				PLE TERRA	<u> </u>	FL Zip Cod	e 17	
8 The above	e named entire Submits this statement for	the nursose of changing its	registered office or regi	istered agent or both	in the State of E			
o. The above	s named entry addition this statement for	the perpese of endinging its			i, iti ilie Siale Urr	ionua. Tam familiai with,	and accept	
the obligat	tions of registered agent.	PA LANGE	DEAN SPEARM	A A	i, in the State Of F		and accept	
the obligate	tions of registefed agent.	Remon	DEAN SPEARM PRESIDEN	IT	a, in the State of	4/27/04	and accept	
the obligat	tions of registefed agent.	Remon	DEAN SPEARM	IT	, artife State or		and accept	
the obligated signature.	tions of registefed agent.	nd title if applicable. (NOTE	DEAN SPEARM PRESIDEN Registered Agent signature req gn Financing	IT	, in the State Orr		and accept	
the obligated signature.	Signature, typed or printed white of systemed agent and the NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00 OFFICERS AND E	9. Election Campai Trust Fund Contr	DEAN SPEARM PRESIDEN Registered Agent signature req gn Financing	1 T quired when reinstating) \$5.00 May Be Added to Fees	, The date of			
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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 supplymental 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 received of 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 twin an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DEAN SPEARMAN

PRESIDENT RINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4127/04

813-985-0987

☐ Change

Addition

Daytime Phone #