



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 644113	
1. Entity Name LEE DEAN & SONS, INC.	

Principal Place of Business 4841 BUCKINGHAM RD FT MYERS, FL 33905 US	Mailing Address 4841 BUCKINGHAM RD FT MYERS, FL 33905 US
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DO NOT WRITE IN THIS SPACE

	
08292007 No Chg-P	CR2E034 (11/05)
4. FEI Number 59-1964096	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DEAN, ALFRED L 14121 RIVER RD RIVER ROAD FT MYERS, FL 33905

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000773260 09/05/07-80004-003 550.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEAN, ALFRED L 14121 RIVER RD FT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DEAN, PATSY 14121 RIVER RD FT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEAN, GARY L 4379 SKATES CIRCL E FT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEAN, WILLIAM C 13150 HICKORY GROVE CT FT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE: <u>Patsy A Dean</u>	<u>8/30/07</u> (239) 693-8371
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>