

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90077 003 \*\*\*150.00

**DOCUMENT # F97000001059**

1. Entity Name

DEAN OLIVER & ASSOCIATES, INC.



Principal Place of Business

4600 N. ROYAL ATLANTA DR.  
TUCKER GA 30084

Mailing Address

4600 N. ROYAL ATLANTA DR.  
TUCKER GA 30084

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**58-1580029**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

BROWN, KENNETH F.  
30 MORENO POINT DR. #303-B  
STE 25  
DESTIN FL 32540

7. Name and Address of New Registered Agent

Name Allison M Tom  
Street Address (P.O. Box Number is Not Acceptable)  
5018 High Pointe Dr  
City Pensacola **FL** Zip Code 32505

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 Allison M Tom  
Signature, typed or printed name of registered agent and title if applicable.

Allison M. Toms  
(NOTE: Registered Agent signature required when reinstating)

11 Mar 04  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WATKINS, RICHARD D	
STREET ADDRESS	4600 N. ROYAL ATLANTA DR.	
CITY-ST-ZIP	ATLANTA GA 30084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mike Rand	
STREET ADDRESS	4600 N. Royal Atlanta Dr.	
CITY-ST-ZIP	Tucker, GA 30084	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jon Ferguson	
STREET ADDRESS	4600 N. Royal Atlanta Dr.	
CITY-ST-ZIP	Tucker, GA 30084	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Ford	
STREET ADDRESS	4600 N. Royal Atlanta Dr.	
CITY-ST-ZIP	Tucker, GA 30084	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jennifer Heyward	
STREET ADDRESS	4600 N. Royal Atlanta Dr.	
CITY-ST-ZIP	Tucker, GA 30084	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Richard D. Watkins RICHARD D. WATKINS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04 270-492-2660  
Date Daytime Phone #