

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # G20004

1. Entity Name
DEAR PROPERTIES, INCORPORATED



Principal Place of Business
109 N APOPKA AVE
INVERNESS, FL 32650

Mailing Address
POST OFFICE BOX 134
FLORAL CITY, FL 34436-0134 US



02172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2271354

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRAVIS, CLIFFORD M ESQ
109 N APOPKA AVE
FLORAL CITY, FL 34436

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME ROOKS, EUGENE
STREET ADDRESS 22428 CHINSEGUT HILL RD
CITY-ST-ZIP BROOKSVILLE, FL

TITLE ST
NAME KABRICH, ANNE W
STREET ADDRESS HIGHWAY 41, SOUTH
CITY-ST-ZIP INVERNESS, FL

TITLE P
NAME ROOKS, ROSEMARY K
STREET ADDRESS 22428 CHINSEGUT HILL RD
CITY-ST-ZIP BROOKSVILLE, FL

TITLE V
NAME KABRICH, DONALD L
STREET ADDRESS HIGHWAY 41, SOUTH
CITY-ST-ZIP INVERNESS, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Rosemary K. Rooks Rosemary K. Rooks 3/9/05 352-796-8428

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #