


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 A
Secretary of State

DOCUMENT # G20004 1. Entity Name DEAR PROPERTIES, INCORPORATED	
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Principal Place of Business 109 N APOPKA AVE INVERNESS, FL 32650	Mailing Address POST OFFICE BOX 134 FLORAL CITY, FL 34436-0134 US
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DO NOT WRITE IN THIS SPACE



01302007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2271354	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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROOKS, EUGENE 22428 CHINSEGUT HILL RD BROOKSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KABRICH, ANNE W HIGHWAY 41, SOUTH INVERNESS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROOKS, ROSEMARY K 22428 CHINSEGUT HILL RD BROOKSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KABRICH, DONALD L HIGHWAY 41, SOUTH INVERNESS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/24/07-80007-020 150.00

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: R. K. Rooks **R K. Rooks** 4/11/07 352-796-8484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #