


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
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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02112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	

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05/27/08-80085-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Rosemary K. Rooks Rosemary K. Rooks 4/26/08 352-7968484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #