

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90090 005 ***150.00

DOCUMENT # K09095

1. Entity Name

DEAN AND DEAN, P.A.



Principal Place of Business

230 NE 25TH AVE
OCALA FL 34470
US

Suite 100

Mailing Address

230 NE 25TH AVE
OCALA FL 34470
US

Suite 100



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2861308

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

JONATHAN S. DEAN
230 NE 25TH AVE.
OCALA FL 34470

Suite 100

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 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 NAME ☐ Delete

DVP
DEAN, MICHAEL L
230 N.E. 25TH AVE
OCALA FL

TITLE NAME ☐ Delete

PD
DEAN, JONATHAN S.
230 N.E. 25TH AVE
OCALA FL

TITLE NAME ☐ Delete

STD
DEAN, SUSAN E.
230 N.E. 25TH AVE
OCALA FL

TITLE NAME ☐ Delete

D
DEAN, TIMOTHY S
230 NE 25TH AVE
OCALA FL

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition

Suite 100

TITLE NAME ☒ Change ☐ Addition

Suite 100

TITLE NAME ☒ Change ☐ Addition

Suite 100

TITLE NAME ☒ Change ☐ Addition

Suite 100

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-06 352-368-2800

Date

Daytime Phone #