

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # K38324

1. Entity Name

DEAN HOMES, INC.



Principal Place of Business
3646 SILVER STAR ROAD
ORLANDO FL 32808

Mailing Address
3646 SILVER STAR ROAD
ORLANDO FL 32808



1st MOORE

CR2E034 (10/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2914927**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARREN, R. LLOYD
3646 SILVER STAR ROAD
ORLANDO FL 32-8058

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 **\$5.00 May Be Added to Fees**
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME WARREN, R. LLOYD
STREET ADDRESS 3646 SILVER STAR ROAD
CITY-ST-ZIP ORLANDO FL 32808

TITLE D ☐ Delete
NAME WARREN, LLOYD D.
STREET ADDRESS 3646 SILVER STAR ROAD
CITY-ST-ZIP ORLANDO FL 32808

TITLE D ☐ Delete
NAME LITTLE, GALE
STREET ADDRESS 3646 SILVER STAR ROAD
CITY-ST-ZIP ORLANDO FL 32808

TITLE VP ☐ Delete
NAME SHEEK, TOMMY
STREET ADDRESS 92 PINE STREET FOREST LANE
CITY-ST-ZIP HAINES CITY FL 33844

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Add
1100000426797
02/20/06-80057-024 150.00

☐ Change ☐ Add
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Gale Little **GALE LITTLE**

2-3-06

407-578-2841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #