

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2005 8:00 am**  
**Secretary of State**

01-12-2005 90009 032 \*\*\*158.75

**DOCUMENT # M34106**

1. Entity Name  
**WILLIAM DEAN HOMES, INC.**



Principal Place of Business

**10246 SW 1ST CT  
CORAL SPINGS, FL 33071**

Mailing Address

**10246 SW 1ST CT  
CORAL SPINGS, FL 33071**

**50001983**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102005

Chg-P

CR2E034 (10/03)

City & State

**CORAL SPRINGS FL**

City & State

**CORAL SPRINGS FL**

4. FEI Number

**59-2750331**

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

**DEAN, WILLIAM  
10246 SW 1ST CT  
CORAL SPRINGS, FL 33071**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **DEAN, WILLIAM E**  
STREET ADDRESS **10246 SW 1ST CT**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

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

TITLE **V** ☐ Delete  
NAME **FRYE, CATHERINE**  
STREET ADDRESS **17628 MELLE LANE**  
CITY-ST-ZIP **JUPITER, FL 33478**

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

TITLE **V** ☐ Delete  
NAME **DEAN, BRIAN**  
STREET ADDRESS **1242-2 CROSS CREEK CIR.**  
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Change ☒ Addition  
NAME **MICHAEL E DEAN**  
STREET ADDRESS **7010 PENINSULA LAKE COURT**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*William E Dean*

**WILLIAM E. DEAN**

**1-10-05**

**561-744-7595**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #