

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90028 012 ***158.75

DOCUMENT # M34106

1. Entity Name
WILLIAM DEAN HOMES, INC.



Principal Place of Business
**10246 SW 1ST CT
CORAL SPRINGS, FL 33071**

Mailing Address
**10246 SW 1ST CT
CORAL SPRINGS, FL 33071**

00000000



2. Principal Place of Business

3. Mailing Address

01042006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-2750331

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: *William E. Dean* **William E. Dean**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-06

Date

561-744-7595

Daytime Phone #