
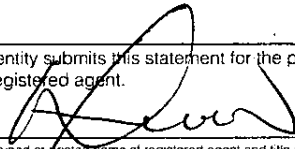
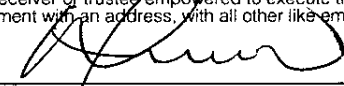


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90001 046 ***150.00

DOCUMENT # P01000099106 1. Entity Name DEAN TAYLOR ENTERPRISES, INC.																																																																													
Principal Place of Business 1201 S POWERLINE RD PMB 187 POMPANO BEACH FL 33069			Mailing Address 1201 S POWERLINE RD PMB 187 POMPANO BEACH FL 33069																																																																										
2. Principal Place of Business 7845 RINEHART DR Suite, Apt. #, etc.		3. Mailing Address SAME AS #2 Suite, Apt. #, etc.																																																																											
City & State BOYNTON BEACH, FL		City & State		4. FEI Number 30-0026669 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>																																																																									
Zip 33437	Country USA	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																										
6. Name and Address of Current Registered Agent TAYLOR, DEAN R 1201 S POWERLINE RD PMB 187 POMPANO BEACH FL 33069			7. Name and Address of New Registered Agent Name DEAN R TAYLOR Street Address (P.O. Box Number is Not Acceptable) 7845 RINEHART DR City BOYNTON BEACH FL Zip Code 33437																																																																										
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  DEAN R TAYLOR <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																													
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D TAYLOR, DEAN R <input type="checkbox"/> Delete</td> <td style="width: 20%;">STREET ADDRESS</td> <td style="width: 20%;">1201 S POWERLINE RD PMB 187</td> <td style="width: 20%;">CITY-ST-ZIP</td> <td style="width: 20%;">POMPANO BEACH FL 33069</td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D TAYLOR, DEAN R <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width: 20%;">STREET ADDRESS</td> <td style="width: 20%;">7845 RINEHART DR</td> <td style="width: 20%;">CITY-ST-ZIP</td> <td style="width: 20%;">BOYNTON BEACH FL 33437</td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> </div> </div>						TITLE	D TAYLOR, DEAN R <input type="checkbox"/> Delete	STREET ADDRESS	1201 S POWERLINE RD PMB 187	CITY-ST-ZIP	POMPANO BEACH FL 33069	TITLE	<input type="checkbox"/> Delete	STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	STREET ADDRESS		CITY-ST-ZIP		TITLE	D TAYLOR, DEAN R <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	7845 RINEHART DR	CITY-ST-ZIP	BOYNTON BEACH FL 33437	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	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 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:  DEAN R TAYLOR 2-15-04 561-733-3008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																													