

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90071 016 ***150.00

DOCUMENT # P02000079255

1. Entity Name
ARDESHIR DEAN CONSULTING, INC.



40001951

Principal Place of Business
15616 BERCA DRIVE
ODESSA, FL 33556 US

Mailing Address
15616 BERCA DRIVE
ODESSA, FL 33556 US

2. Principal Place of Business - No P.O. Box #
15616 BERCA Drive

3. Mailing Address
15616 BERCA Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ODESSA FL 33556

City & State
ODESSA FL

Zip
33556

Country
US

Zip
33556

Country
US

01082007 Chg-P CR2E034 (12/06)

4. FEI Number
55-0788475

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DEAN, ARDESHIR V
15616 BERCA DRIVE
ODESSA, FL 33556 - 3005

7. Name and Address of New Registered Agent

Name

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

15616 BERCA DRIVE

City **ODESSA**

FL

Zip Code **33556**

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, 2007 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DEAN, ARDESHIR V
15616 BERCA DRIVE
ODESSA, FL 33556

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/07 813-472-9147