

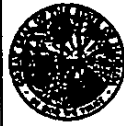
**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 8:00 am
Secretary of State

02-03-2005 90040 034 ***150.00

DOCUMENT # P03000087851

1. Entity Name
DEAN AND BLAYLOCK, INC.



Principal Place of Business
**12019 SW 39TH TERR.
MIAMI, FL 33175**

Mailing Address
**12019 SW 39TH TERR.
MIAMI, FL 33175**

66004951



01282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0150120

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DEAN, IAN R
12019 SW 39TH TERR.
MIAMI, FL 33175**

**DO NOT WRITE
IN THIS SPACE**

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]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when releasing)

DATE

01/26/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

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
**PSD
DEAN, IAN R
12019 SW 39TH TERR.
MIAMI, FL 33175**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BLAYLOCK, MICHAEL B
39 SOUTH BRIDGE LANE
KEY LARGO, FL 33037**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
DEAN, ELISA M
12019 SW 39TH TERR.
MIAMI, FL 33175**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

DATE

Daytime Phone #

01/26/05