

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000030690	
1. Entity Name MICHAEL J. DEAN, INC.	



FILED

05 OCT 14 AM 11:32



07/27/05 90046 015 \$150.00
1st MOORE CR2E034 (10/04)

Principal Place of Business 1190 BIMINI LANE SINGER ISLAND FL 33404		Mailing Address 1190 BIMINI LANE SINGER ISLAND FL 33404	
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip	
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4. FEI Number 20-0672527	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DEAN, MICHAEL J 1190 BIMINI LANE SINGER ISLAND FL 33404	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when filing this statement)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 1 Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PVD DEAN, MICHAEL J 1190 BIMINI LANE SINGER ISLAND FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	REINSTATEMENT 05 <input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MJ Dean MICHAEL J. DEAN - PRESIDENT 3/17 Signed + mailed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 10, 2005

State of Florida
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: 2005 Corporate Annual Report & Fee

Dear Madam/Sir:

I have just received a NOTICE OF DISSOLUTION OR REVOCATION card in the mail and immediately telephoned the Office of Corporations.

I was told that the office had not received document # P04000030690 (Annual Report). In my files I have a copy of this document which was signed and mailed on March 17, 2005, along with my renewal check in the amount of \$150.00. It was explained to me that a service processes these documents for the State. I was also stated that I should have received a "rejection letter". I did not receive this letter. My check was negotiated by the State.

Therefore, I request that the great State of Florida, Division of Corporations, please waive any and all penalties and fees related to this matter.

Thanking you for your consideration, I remain,

Sincerely,



Michael J. Dean, President
Michael J. Dean, Inc.
1190 Bimini Lane
Singer Island, FL 33404
(561) 881-5617
FEI # 20-0672527