

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90163 045 ***150.00

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1. Entity Name
DEAN USA CORPORATION



Principal Place of Business
**4276 RIVER BIRCH DR
WEEKI WACHEE, FL 34607 US**

Mailing Address
**10849 FOREST RUN DRIVE
BRADENTON, FL 34211**

40065288



2. Principal Place of Business

3. Mailing Address
4726 RIVER BIRCH DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.
LAKE IN THE WOODS

03032006 Chg-P CR2E034 (11/05)

City & State

City & State
WEEKI WACHEE, FL

4. FEI Number
20-1244793

Applied For
Not Applicable

Zip Country

Zip Country
34607 US

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

6. Name and Address of Current Registered Agent

**AMERICAN PIONEERS ADVISORY INC.
10849 FOREST RUN DRIVE
BRADENTON, FL 34211**

7. Name and Address of New Registered Agent

Name
AMERICAN PIONEERS ADVISORY INC

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

5218 PAYLOR LANE

City
SARASOTA

FL Zip Code
34240

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, MALCOLM J
4276 RIVER BIRCH DR
WEEKI WACHEE, FL 34607** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
DEAN, ALEXANDRA P
4276 RIVER BIRCH DR
WEEKI WACHEE, FL 34607** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

MALCOLM JOHN DEAN

Date

352-597-6864

Daytime Phone #