


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90117 036 ***150.00

DOCUMENT # P04000145421	
1. Entity Name ROXANNE J DEAN, P.A.	

Principal Place of Business 3900 LAKE CENTRE DR - STE A-2 MT DORA, FL 32757	Mailing Address 3900 LAKE CENTRE DR - STE A-2 MT DORA, FL 32757
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50054665



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05202005	Chg-P	CR2E034 (10/03)
4. FEI Number 02-0732163		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAWTHORNE, CANDACE A ESQ HAWTHORNE LAW FIRM, P.A. 319 E MAIN ST TAVARES, FL 34470	
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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

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	DATE
<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 \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
PSTD DEAN, ROXANNE J 3900 LAKE CENTRE DR - STE A-2 MT DORA, FL 32757	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
VPD DEAN, ROZANNE J 3900 LAKE CENTRE DR - STE A-2 MT DORA, FL 32757	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Candace A. Hawthorne</i>	Date: <i>6/23/05</i> Daytime Phone #: <i>(352) 742-5200</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	

ATTACHMENT

50054665 -

HAWTHORNE LAW FIRM, P.A.

CANDACE A. HAWTHORNE, ESQ.

Board Certified Criminal Trial Attorney

319 East Main Street

Tavares, Florida 32778

Phone: (352) 742-5200; Fax: (352) 742-5151; E-Mail: ALawyerCH@aol.com

Friday, June 24, 2005

Florida Department of State
Division of Corporations
ATTN: Jessica C. Justice
P.O. Box 1500
Tallahassee, Florida 32302-1500

RE: ROXANNE J DEAN, P.A.; Ref. Number P04000145421

Dear Madam:

We have received your correspondence dated May 26, 2005. Pursuant to the letter, we have corrected the application to include the annual report/reinstatement application form completed in its entirety. Enclosed is the completed form and check for fees.

Further to our telephone conversation today with Gary at (850) 245-6059, he asked that we include this letter to bring to your attention a possible misprint on the application form. Our original reinstatement was mailed on April 29, 2005, before the cut off for the late fee penalty assessment. We noticed that the form states the filing fee is to be \$550.00, however according to your letter; we will avoid the \$400.00 late fee by sending the corrected report to you. We have complied with the letter and accordingly, will submit our check for the regular filing fee of \$150.00.

Please contact our office at the above telephone number if you have any questions or concerns. Thank you for your time and attention to this matter.

Sincerely,



Candace A. Hawthorne, Esq.
CAH/jmw