


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000007604

1. Entity Name
SWEET DEE PROPERTIES, INC.



Principal Place of Business
8046 GREEN PINES TER
SPRING HILL, FL 34606

Mailing Address
8046 GREEN PINES TER
SPRING HILL, FL 34606

DO NOT WRITE IN THIS SPACE



01292007 No Chg-P CR2E034 (11/05)

4. FEI Number
26-0103335

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RIORDAN, TIMOTHY J
8046 GREEN PINES TER.
SPRING HILL, FL 34606

**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 _____ (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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RIORDAN, TIMOTHY
STREET ADDRESS	8046 GREEN PINES TER
CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	T
NAME	RIORDAN, MARY JO
STREET ADDRESS	8046 GREEN PINE TER
CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	V
NAME	WIRTZ, HAROLD G
STREET ADDRESS	8046 GREEN PINES TER
CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	S
NAME	WIRTZ, DIANNE D
STREET ADDRESS	8046 GREEN PINES TER
CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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: Timothy J. Riordan **TIMOTHY J. RIORDAN** 1-30-07 352-688-3813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #