

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000056244

FILED  
Apr 22, 2012  
Secretary of State

Entity Name: DEAN JELDEN INSURANCE, INC.

**Current Principal Place of Business:**

933 CYPRESS GROVE DR.  
#204  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

933 CYPRESS GROVE DR.  
#204  
POMPANO BEACH, FL 33069

**New Mailing Address:**

FEI Number: 20-4170589

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

JELDEN, DEAN E  
933 CYPRESS GROVE DRIVE  
#204  
POMPANO BEACH, FL 33069 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P,S,  
Name: JELDEN, DEAN E  
Address: 933 CYPRESS GROVE DRIVE #204  
City-St-Zip: POMPANO BEACH, FL 33069

Title: VP  
Name: JELDEN, MARY JANE  
Address: 933 CYPRESS GROVE DRIVE #204  
City-St-Zip: POMPANO BEACH, FL 33069 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEAN E JELDEN

P/S

04/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date