


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90035 017 \*\*\*150.00

<b>DOCUMENT # P05000156528</b>					
<b>1. Entity Name</b> DEAN'S REPAIR SHOP, INC.					
<b>Principal Place of Business</b> 330 N. LAKE SHORE WAY LAKE ALFRED, FL 33550-2038			<b>Mailing Address</b> 330 N. LAKE SHORE WAY LAKE ALFRED, FL 33550-2038		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 11-3771266	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WATSON, EILEEN M. 19815 HWY 52 LAND O LAKES, FL 34639			<b>7. Name and Address of New Registered Agent</b> Name: <u>Dean Satterfield</u> Street Address (P.O. Box Number is Not Acceptable): <u>330 N. Lake Shore Way</u> City: <u>Lake Alfred</u> FL <u>33850</u>		
<b>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.</b> SIGNATURE: <u>Dean Satterfield</u> DATE: <u>1-23-07</u> <small>Signature: press printed name of person signing and print title in block type. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, EILEEN M. 19815 HWY 52 LAND O LAKES, FL 34639	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SATTERFIELD, DEAN 330 N. LAKE SHORE WAY LAKE ALFRED, FL 335502038	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SATTERFIELD, DEAN 330 N. LAKE SHORE WAY LAKE ALFRED, FL 335502038	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SATTERFIELD, DEAN 330 N. LAKE SHORE WAY LAKE ALFRED, FL 335502038	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SATTERFIELD, DEAN 330 N. LAKE SHORE WAY LAKE ALFRED, FL 335502038	<input type="checkbox"/> Delete			
<b>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.</b>					
SIGNATURE: <u>Dean Satterfield</u> <u>President</u> <u>1-23-07</u> <u>863-956-3782</u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					