

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90083 027 \*\*\*150.00

DOCUMENT # P06000124661

1. Entity Name  
BABY DEAN, INC.



Principal Place of Business  
602 MAR LANE  
SEBRING, FL 33875

Mailing Address  
602 MAR LANE  
SEBRING, FL 33875

40062975



2. Principal Place of Business - No P.O. Box #  
209 N. Main Avenue

3. Mailing Address  
602 Mac Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02012007

Chg-P

CR2E034 (12/06)

City & State  
Lake Placid, FL

City & State  
Sebring, FL

4. FEI Number  
20-5622531

Applied For  
Not Applicable

Zip  
33852

Country  
USA

Zip  
33875

Country  
USA

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

## 6. Name and Address of Current Registered Agent

HANCOCK, JANE M  
551 S. COMMERCE AVE.  
SEBRING, FL 33870

## 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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME DEAN, MICHAEL E  
STREET ADDRESS 602 MAR LANE  
CITY-ST-ZIP SEBRING, FL 33875

TITLE DP ☒ Change ☐ Addition  
NAME Dean, Michael E.  
STREET ADDRESS 602 Mac Lane  
CITY-ST-ZIP Sebring, FL 33875

TITLE S/T ☐ Delete  
NAME DEAN, CANDIS D  
STREET ADDRESS 602 MAR LANE  
CITY-ST-ZIP SEBRING, FL 33875

TITLE DST ☒ Change ☐ Addition  
NAME Dean, Candis D.  
STREET ADDRESS 602 Mac Lane  
CITY-ST-ZIP Sebring, FL 33875

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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: MICHAEL E. DEAN

4/11/2007 863-381-0206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #