


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P06000124661</b> 1. Entity Name <b>BABY DEAN, INC.</b>	
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Principal Place of Business <b>209 N. MAIN AVENUE LAKE PLACID, FL 33852</b>	Mailing Address <b>602 MAC LANE SEBRING, FL 33875</b>
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**DO NOT WRITE IN THIS SPACE**



03172008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-5622531</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 *Candis D. Dean* **CANDIS D. DEAN** 4/24/2008  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DEAN, MICHAEL E 602 MAC LANE SEBRING, FL 33875
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST DEAN, CANDIS D 602 MAC LANE SEBRING, FL 33875
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05/23/08-80019-010 150.00

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: *Candis D. Dean* **CANDIS D. DEAN** 4/24/2008 863-381-1983  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #