

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-04-2007 90182 034 ***150.00

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|---|---|---|---|--|--|
| DOCUMENT # P06000142535 | | | | | |
| 1. Entity Name DEAN'S SIDING, INC. | | | | | |
| Principal Place of Business 1619 SPALDING CIRCLE PENSACOLA, FL 32514 | | | Mailing Address 1619 SPALDING CIRCLE PENSACOLA, FL 32514 | | |
| 2. Principal Place of Business - No P.O. Box # 1619 Spalding Cir | | 3. Mailing Address Same | | | |
| Suite, Apt. #, etc. A | | Suite, Apt. #, etc. Suite | | | |
| City & State Pensacola FL | | City & State Pensacola FL | | 4. FEI Number 20-5868686 | |
| Zip 32514 | | Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HICKEY, RAYMOND G 913 GULF BREEZE PARKWAY SUITE 5 GULF BREEZE, FL 32561 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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: <div style="float: right; text-align: right;"> DATE: _____ </div> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE PRES | NAME DEAN, STEVEN | | <input type="checkbox"/> Delete | | |
| STREET ADDRESS 1619 SPALDING CIRCLE | CITY - ST - ZIP PENSACOLA, FL 32514 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE Secretary | NAME Frank Batha | | <input type="checkbox"/> Delete | | |
| STREET ADDRESS 919 Blue Springs Dr | CITY - ST - ZIP Pensacola, FL 32505 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME | STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME | STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME | STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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: | | | 4-2-07 810624-1539 | | |