

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000017308

Entity Name: DEAN INSURANCE AGENCY, INC.

FILED
Mar 20, 2007
Secretary of State

Current Principal Place of Business:

230 N WESTMONTE DRIVE, SUITE 2100
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

230 N WESTMONTE DRIVE, SUITE 2100
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 59-3228429 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNER, DEBORAH J
230 N WESTMONTE DRIVE
SUITE 2100
ALTAMONTE SPRINGS, FL 32714 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TURNER, DEBORAH
Address: 4500 SAILBREEZE CT
City-St-Zip: ORLANDO, FL 32810

Title: STD () Delete
Name: GEISLER, ANN A
Address: 2475 REED ELLIS RD
City-St-Zip: OSTEEN, FL 32764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUE LEFFIN

VP

03/20/2007

Electronic Signature of Signing Officer or Director

_____ Date