

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000054440

Entity Name: DEAN ENTERPRISES, INC.

FILED
Mar 27, 2009
Secretary of State

Current Principal Place of Business:

290 LAWRENCE BLVD
KEYSTONE HEIGHTS, FL 32656 US

New Principal Place of Business:

6461 BAKER ROAD
KEYSTONE HEIGHTS, FL 32656 US

Current Mailing Address:

P.O. BOX 1569
KEYSTONE HEIGHTS, FL 32656 US

New Mailing Address:

FEI Number: 59-3261736 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILIP T. DEAN
6461 BAKER OAD
KEYSTONE HEIGHTS, FL 32656 US

Name and Address of New Registered Agent:

PHILIP T. DEAN
6461 BAKER ROAD
KEYSTONE HEIGHTS, FL 32656 US

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:

03/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEAN, PHILIP THOMAS
Address: 6461 BAKER ROAD
City-St-Zip: KEYSTONE HEIGHTS, FL

Title: STD () Delete
Name: LAURA G. DEAN,
Address: 6461 BAKER RD.
City-St-Zip: KEYSTONE HEIGHTS, FL

Title: D () Delete
Name: DEAN, RHETT C
Address: 661 LEE CR 2038
City-St-Zip: NOTASULGA, AL 36866

Title: D () Delete
Name: DEAN, JUSTIN C
Address: 400 FLOYD ST.
City-St-Zip: GREEN COVE SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DEAN, PHILIP THOMAS
Address: 6461 BAKER ROAD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: STD (X) Change () Addition
Name: LAURA G. DEAN,
Address: 6461 BAKER RD.
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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

Title: D (X) Change () Addition
Name: DEAN, JUSTIN C
Address: 400 FLOYD ST.
City-St-Zip: FLEMING ISLAND, FL

I hereby certify that the information supplied with this filing does not qualify 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: PHILIP T. DEAN

PD

03/27/2009

Electronic Signature of Signing Officer or Director

Date