

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000028651

1. Entity Name
DEAN BUILDING SYSTEMS, INC.



Principal Place of Business
2444 MCGREGOR BLVD
FT MYERS, FL 33901

Mailing Address
2444 MCGREGOR BLVD
FT MYERS, FL 33901



03112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0571840

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EDWARDS, CHARLES B JR.
2069 FIRST STREET
SUITE 100
FT. MYERS, FL 33902

**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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DEAN, CHARLES W
2444 MCGREGOR BLVD
FT MYERS, FL 33901

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
FISHER, KENNETH G
12 COVENTRY DR. SE
ROME, GA 30161

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
FISHER, JULIE D
12 COVENTRY DR. SE
ROME, GA 30161

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
EDWARDS, CHARLOTTE
12922 KEDLESTON CIRCLE
FT MYERS, FL 33912

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DEAN, KAREN
2444 MCGREGOR BLVD
FORT MYERS, FL 33901

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DEAN, NANETTE
12842 KEDLESTON CIRCLE
FORT MYERS, FL 33912

000000552234
05/15/06-80003-009 150.00

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IN THIS SPACE**

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:

Julie D. Fisher Julie D. Fisher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-06 770448-7900

Date

Daytime Phone #