


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 A
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
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
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		
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	
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: <u><i>Julie D. Fisher</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><i>Treasurer</i></u> <small>Treasurer</small> Date <u>4-7-07</u> Daytime Phone # <u>770 748-7900</u>



04062007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0571840	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

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