

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

DOCUMENT # P96000090449

1. Entity Name  
DEAN STREET PROPERTIES, INC.



Principal Place of Business  
1412 DEAN ST.  
SUITE 200  
FT MYERS, FL 33901 US

Mailing Address  
1412 DEAN ST.  
SUITE 200  
FT MYERS, FL 33901 US



04282006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0706827

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

FLANDERS, MICHAEL  
1412 DEAN STREET  
STE 200  
FT MYERS, FL 33901

**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 PD  
NAME DUNN, MICHAEL  
STREET ADDRESS 18361 TELEGRAPH CREEK DRIVE  
CITY- ST- ZIP ALVA, FL 33920

TITLE VD  
NAME DUNN, CABOT L  
STREET ADDRESS 1223 TWIN DRIVE  
CITY- ST- ZIP FORT MYERS, FL 33919

TITLE D  
NAME FLANDERS, MICHAEL  
STREET ADDRESS 1508 DEL RIO DRIVE  
CITY- ST- ZIP FORT MYERS, FL 33901

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

000000541568  
05/11/06-80041-005 150.00

**DO NOT WRITE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.28.06

Date

Daytime Phone #