


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # P96000091655 1. Entity Name JEFFREY D. DEEN, P.A.	
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Principal Place of Business 32714-2566 ALTAMONTE SPRINGS, FL 32714	Mailing Address 781 DOUGLAS AVE 32714-2566 ALTAMONTE SPRINGS, FL 32714
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DO NOT WRITE IN THIS SPACE

01222007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3410123	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEEN, JEFFREY D
781 DOUGLAS AVE
ALTAMONTE SPRINGS, FL 32714-2566

**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: _____ (NOTE: Registered Agent signature required when re-registering) 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	000000762053 05/25/07-80081-011 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEEN, JEFFREY D 781 DOUGLAS AVE ALTAMONTE SPRINGS, FL 327142566
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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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **5/2/07** **Date** **Daytime Phone #**