


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90220 020 ***150.00

DOCUMENT # P97000078603 1. Entity Name DEHON INVESTMENTS, INC.					
Principal Place of Business 2072 SE RIVERSIDE DRIVE STUART FL 34996			Mailing Address P O BOX 356 STUART FL 34995 US		
2. Principal Place of Business 112 SANDY LANE		3. Mailing Address P.O. BOX 689			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BREVARD, NC		City & State CEDAR MTN. NC		4. FEI Number 65-0779859	
Zip 28712		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 28718		Country		1st MOORE CR2E034 (10/04)	
6. Name and Address of Current Registered Agent DEHON, ARTHUR M JR 2072 SE RIVERSIDE DRIVE STUART FL 34996			7. Name and Address of New Registered Agent Name Charles T. Simmons CPA Street Address (P.O. Box Number is Not Acceptable) 417 COCONUT AVE #1 City Stuart FL 34996		
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. Charles T. Simmons SIGNATURE Charles T. Simmons CPA DATE 4/6/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEHON, ARTHUR M JR 2072 SE RIVERSIDE DRIVE STUART FL 34996	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ARTHUR M. DEHON JR 112 SANDY LANE BREVARD, NC 28712
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ARTHUR M. DEHON, JR <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			APRIL 1, 2005 828/883-9689 <small>Date Daytime Phone #</small>		