

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2004 8:00 am
Secretary of State

01-09-2004 90068 042 ***150.00

DOCUMENT # S00791

1. Entity Name
DEEN BROTHERS, INC.



Principal Place of Business
**POST OFFICE BOX 259
TRENTON, FL 32693-0354**

Mailing Address
**POST OFFICE BOX 259
TRENTON, FL 32693-0354**

24000409



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3056157

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LANCASTER, SHEREE H.
109 EAST WADE ST.
TRENTON, FL 32693**

**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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	DEEN, RILEY G
STREET ADDRESS	P.O. BOX 354 N/A
CITY-ST-ZIP	TRENTON, FL
TITLE	SD
NAME	DEEN, WESLEY C
STREET ADDRESS	P.O. BOX 354 N/A
CITY-ST-ZIP	TRENTON, FL
TITLE	VD
NAME	DEEN, RAY C JR
STREET ADDRESS	P.O. BOX 354 N/A
CITY-ST-ZIP	TRENTON, FL
TITLE	TD
NAME	DEEN, WILLIAM E
STREET ADDRESS	P.O. BOX 1384 N/A
CITY-ST-ZIP	TRENTON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

William E. Deen
William E. Deen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/04
Date

(352)463-2601
Daytime Phone #