

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90130 026 ***150.00

DOCUMENT # S36577 1. Entity Name DEANS STILL, INC.					
Principal Place of Business 2413 REID STREET PALATKA, FL 32177			Mailing Address 2413 REID STREET PALATKA, FL 32177		
2. Principal Place of Business - No P.O. Box # 2413 Reid St			3. Mailing Address Suite, Apt. #, etc.		
City & State Palatka FL			City & State Suite, Apt. #, etc.		
Zip 32177		Country US		4. FEI Number 59-3244282	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FRANKLIN, WILLIAM D 2413 REID STREET PALATKA, FL 32177				7. Name and Address of New Registered Agent Name William A. Franklin Street Address (P.O. Box Number is Not Acceptable) 2413 Reid St City Palatka FL Zip Code 32177	
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 William A Franklin DATE 4-08-08 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME FRANKLIN, WILLIAM D STREET ADDRESS 2413 REID ST CITY-ST-ZIP PALATKA, FL 32177	☐ Delete		TITLE Secretary and Treasurer NAME GRIE S. FRANKLIN STREET ADDRESS 2413 Reid Street CITY-ST-ZIP PALATKA FL 32177	☐ Change ☒ Addition	
TITLE VP NAME FRANKLIN, WILLIAM A STREET ADDRESS 2413 REID ST. CITY-ST-ZIP PALATKA, FL 32177	☐ Delete		TITLE President NAME William A. Franklin STREET ADDRESS 2413 Reid St Palatka CITY-ST-ZIP FL 32177	☒ Change ☐ Addition	
TITLE VP NAME FRANKLIN, STEVE STREET ADDRESS 2413 REIN ST. CITY-ST-ZIP PALATKA, FL 32177	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 William A Franklin DATE 4-8-08 DAYTIME PHONE # 386-325-3463 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					