

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005008

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: DREAMLINE MANUFACTURING, INC.

## Current Principal Place of Business:

PO BOX 1250  
CABOT, AR 72023

## New Principal Place of Business:

1514 S. SECOND STREET  
CABOT, AR 72023

## Current Mailing Address:

PO BOX 1250  
CABOT, AR 72023

## New Mailing Address:

FEI Number: 71-0363144

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: TIPTON, STEPHEN  
Address: 1800 S. 2ND  
City-St-Zip: CABOT, AR 72023

Title: VSD ( ) Delete  
Name: HARRELL, RON  
Address: 1800 S. 2ND  
City-St-Zip: CABOT, AR 72023

Title: TDC ( ) Delete  
Name: TIPTON, DENSIAL  
Address: 1800 S. 2ND  
City-St-Zip: CABOT, AR 72023

Title: D ( ) Delete  
Name: DUKE, ROBERTL  
Address: 1800 S. 2ND  
City-St-Zip: CABOT, AR 72023

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: TIPTON, STEPHEN  
Address: 1514 S. 2ND  
City-St-Zip: CABOT, AR 72023

Title: VP (X) Change ( ) Addition  
Name: HARRELL, RON  
Address: 1514 S. 2ND  
City-St-Zip: CABOT, AR 72023

Title: CHMN (X) Change ( ) Addition  
Name: TIPTON, DENSIAL  
Address: 1514 S. 2ND  
City-St-Zip: CABOT, AR 72023

Title: D (X) Change ( ) Addition  
Name: DUKE, ROBERTL  
Address: 1514 S. 2ND  
City-St-Zip: CABOT, AR 72023

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN TIPTON

PRES

04/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date