

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90259 019 ***150.00

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1. Entity Name
DREAMWORKS EMBROIDERY, INC.



Principal Place of Business
**671 S.E. 5TH AVENUE
MELROSE, FL 32666-0091**

Mailing Address
**POST OFFICE BOX 91
MELROSE, FL 32666-0091**

20040733



03142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3635317

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CARTER, MARY E
671 S.E. 5TH AVENUE
MELROSE, FL 32666-0091**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PVST
CARTER, HARLAN B
671 S.E. 5TH AVENUE
MELROSE, FL 326660091**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CARTER, HARLAN B
671 S.E. 5TH AVENUE
MELROSE, FL 326660091**

TITLE
NAME
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**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:

Harlan B Carter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harlan B Carter

4-18-05 352/475-2341
Date Daytime Phone #