2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: X

FILED Apr 19, 2004 8:00 am Secretary of State 04-19-2004 90286 015 ***150.00

DOCUMENT # P01000096207 1. Enlity Name DRESSCO, INC. Principal Place of Business Mailing Address							04-19-2004 9	90286 01	5 ***150	0.00
Principal Place	e of Business	3 ,		1,		0.4	5489	6		
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ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174							-			
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2. Principal Pl	lace of Busin	ess	3. Mailing Address							
				1			- IIII: 	124(14 (152)		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			02162004	Chg-P	CR2E03	34 (10/03)	
City & State	a		City & State			4. FEI Numbe	г		Ap	plied For
						65-1142	2922			t Applicable
Zip	p Country		Zip Coun		try	5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current F			legistered Agent			7. Name and Address of New Registered Agent				
					Name					
HAMMOUD, MANIA T					Street Address (P.O. Box Number is Not Acceptable)					
2 SADDLE ORMOND		L 32174	Street Address (F.O. Box Multiple 15 Not Addeptable)							
ONMOND BEACH, TE 32174					1					
					City	 		FL	Zip Code	9
8. The above	named entit	v submits this statement to	<u> </u>							
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.										
CONTRIBE										
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
After Ma	E NOW!!! ay 1, 2004	FEE IS \$150.00 4 Fee will be \$550.		tribution.		.00 May Be ied to Fees				
10.	PD	OFFICERS AND		11.	 	. ADDITIONS/	CHANGES TO OFFI	CERS AND		
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CITY-ST-ZIP	<u> </u>				-ST-ZIP					
12. I hereby of	certify that th	e information supplied with rt or supplemental report is	n this filing does not qualify for strue and that it	or the exe	mption stated in S ture shall have the	ection 119.07(3)(same legal effec	i), Florida Statutes. I t as if made under d	further cert eath; that I a	ify that the ir m an officer	nformation or director
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.										