

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90049 048 \*\*\*150.00

**DOCUMENT # P03000008130**

1. Entity Name  
**DRAMATIC FLAIR INC.**



Principal Place of Business  
**4070 HERSCHEL STREET  
SUITE 1  
JACKSONVILLE, FL 32210 US**

Mailing Address  
**POST OFFICE BOX 41285  
JACKSONVILLE, FL 32203 US**

**50010253**



2. Principal Place of Business  
**4440 Apache Avenue**  
Suite, Apt. #, etc.

3. Mailing Address  
**4440 Apache Avenue**  
Suite, Apt. #, etc.

01282005 Chg-P CR2E034 (10/03)

City & State  
**Jacksonville FL**  
Zip **32210** Country **USA**

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**Jacksonville FL**  
Zip **32210** Country **USA**

4. FEI Number  
**02-0668926**  
Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**SMALL BUSINESS ASSOCIATES INC.  
4070 HERSCHEL STREET  
JACKSONVILLE, FL 32210**

7. Name and Address of New Registered Agent  
Name **Frances Middlekauff**  
Street Address (P.O. Box Number is Not Acceptable)  
**4455 Country Club Rd.**  
City **Jacksonville FL** Zip Code **32210**

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 **Frances Middlekauff** **Frances middlekauff** 1/28/05  
Signature, typed or printed name of registered agent and title if applicable. (NOT: 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	<input type="checkbox"/> Delete
NAME	<b>MIDDLEKAUFF, FRANCES</b>
STREET ADDRESS	<b>4455 COUNTRY CLUB RD</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32210</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>DARDEN, GRANT</b>
STREET ADDRESS	<b>4640 APACHE AVE</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32210</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>HAMPTON, DARLENE</b>
STREET ADDRESS	<b>4411 MILAM ROAD</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32210</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DP Middlekauff, Frances</b>
STREET ADDRESS	<b>4455 Country Club</b>
CITY-ST-ZIP	<b>Jacksonville, FL 32210</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Grant, Darden</b>
STREET ADDRESS	<b>4640 Apache Avenue</b>
CITY-ST-ZIP	<b>Jacksonville, FL 32210</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DS Hampton, Darlene</b>
STREET ADDRESS	<b>4411 Milam Road</b>
CITY-ST-ZIP	<b>Jacksonville, FL 32210</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **Frances Middlekauff** **Frances middlekauff** 1/28/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone