

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000014332

**FILED**  
**Mar 24, 2009**  
**Secretary of State**

**Entity Name:** DREAM WORKS CUSTOMS, INC

**Current Principal Place of Business:**

519 N. KENTUCKY AVE.  
LAKELAND, FL 33801 US

**New Principal Place of Business:**

2780 E FOWLER AVE  
159  
TAMPA, FL 33612 US

**Current Mailing Address:**

P.O. BOX 93445  
LAKELAND, FL 33804 US

**New Mailing Address:**

2780 E FOWLER AVE  
159  
TAMPA, FL 33612 US

**FEI Number:** 02-0798253

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LYONS, LISA C  
519 N. KENTUCKY AVE.  
BOX 93445  
LAKELAND, FL 33804 US

**Name and Address of New Registered Agent:**

LYONS, LISA C  
2780 E FOWLER AVE  
159  
TAMPA, FL 33612 US

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:** LISA C LYONS

03/24/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** LYONS, LISA C  
**Address:** P.O. BOX 93445  
**City-St-Zip:** LAKELAND, FL 33804 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** P (X) Change ( ) Addition  
**Name:** LYONS, LISA C  
**Address:** 2780 E FOWLER AVE  
**City-St-Zip:** TAMPA, FL 33612 US

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:** LISA C LYONS

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date