


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90014 033 ***150.00

DOCUMENT # P07000120061	
1. Entity Name DOWMAN TEXTILES, INC.	

Principal Place of Business 1500 HARRIS CIRCLE WINTER PARK FL 32789	Mailing Address 1500 HARRIS CIRCLE WINTER PARK FL 32789
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2. Principal Place of Business - No P.O. Box # 300 PARK AVE N	3. Mailing Address 300 PARK AVE N
Suite, Apt. #, etc. #101	Suite, Apt. #, etc. #101
City & State WINTER PARK FL	City & State WINTER PARK FL
Zip 32789	Country USA

1st MOORE CR2E034 (10/07)

4. FEI Number 26-1605979		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WILLIAM B. PRINGLE, III, P.A. 390 NORTH ORANGE AVENUE, SUITE 2100 ORLANDO FL 32801		
7. Name and Address of New Registered Agent Name JEFF DOWMAN Street Address (P.O. Box Number is Not Acceptable) 1500 HARRIS CIRCLE City WINTER PARK FL Zip Code 32789		

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  DATE **2/22/08**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOWMAN, WALTER J 1500 HARRIS CIRCLE WINTER PARK FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Case _____ Daytime Phone # _____