

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000002926

1. Entity Name

DREAM DELIVERIES BY WEAVER, INC.



Principal Place of Business

1130 S.W. 24TH TERRACE
DEERFIELD BEACH, FL 33442

Mailing Address

1130 S.W. 24TH TERRACE
DEERFIELD BEACH, FL 33442



01302008 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0384164

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WEAVER, DERWIN K
1130 S.W. 24TH TERRACE
DEERFIELD BEACH, FL 33442

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WEAVER, DERWIN KEITH
STREET ADDRESS	1130 SW 24TH TERR
CITY-ST-ZIP	DEERFIELD BEACH, FL
TITLE	S
NAME	WEAVER, LADONNA
STREET ADDRESS	1130 SW 24TH TERR
CITY-ST-ZIP	DEERFIELD BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/15/08-80066-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Derwin Keith Weaver, Derwin Keith Weaver 1/31/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #