

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000064202

1. Entity Name
FANTASIES IN LARIMAR, INC.



**FILED
Apr 20, 2005 8:00 am
Secretary of State**

04-20-2005 90290 017 ***150.00

Principal Place of Business

1821 S RIDGEWOOD AVE
S DAYTONA, FL 32119 US
2324 BELIEVE AVE E
Daytona Beach, FL 32114-5614

Mailing Address

1821 S RIDGEWOOD AVE
S DAYTONA, FL 32119 US
2324 BELIEVE AVE E
Daytona Beach, FL 32114-5614

DO NOT WRITE IN THIS SPACE

02182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3269799	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



6. Name and Address of Current Registered Agent

EPLING, ROBY R
2657 SLOW FLIGHT DRIVE
DAYTONA BEACH, FL 32124

**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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PT EPLING, ROBY R 2657 SLOW FLIGHT DR. DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS EPLING, MARIA 2657 SLOW FLIGHT DRIVE DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/13/05 386-253-8681
Date Daytime Phone #