

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

04-20-2005 90290 017 \*\*\*150.00

DOCUMENT # P94000064202

1. Entity Name  
FANTASIES IN LARIMAR, INC.



Principal Place of Business

1821 S RIDGEWOOD AVE  
S DAYTONA, FL 32119 US

Mailing Address

1821 S RIDGEWOOD AVE  
S DAYTONA, FL 32119 US

2324 BELLEVUE AVE  
DAYTONA BEACH, FL 32114-5014

2324 BELLEVUE AVE  
DAYTONA BEACH, FL 32114-5014



02182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3269799

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

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

Date

386 253 8681

Daytime Phone #