

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000013729**

1. Entity Name  
**DRAGONS WEYR, INC.**



Principal Place of Business  
**5405 W IRL O BRONSON HWY  
MAIN GATE C 14-16  
KISSIMMEE, FL 34746**

Mailing Address  
**126 OAK HOLLOW DRIVE  
HAINES CITY, FL 33844**

**DO NOT WRITE IN THIS SPACE**



07022004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3494017</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**MAXWELL, BETTY I  
126 OAK HOLLOW DR.  
HAINES CITY, FL 33844**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000164690  
07/08/04-80019-008 558.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, JAMES W III 126 OAK HOLLOW DR. HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODWIN, JOHN H 1905 KELLEY AVE., APT. 1 KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAXWELL, BETTY I 126 OAK HOLLOW DR. HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Betty Maxwell Date: 7/06/04 Daytime Phone #: 863/422-2133  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Betty Maxwell