


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90169 047 \*\*\*163.75

DOCUMENT # P98000013729 1. Entity Name DRAGONS WEYR, INC.	
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Principal Place of Business <del>5405 WIRLO BRONSON HWY</del> <del>MAIN GATE C 14 16</del> <del>KISSIMMEE, FL 34746</del>	Mailing Address 126 OAK HOLLOW DRIVE HAINES CITY, FL 33844 <u>939 Gascony Ct</u> <u>Kissimmee FL 34759</u>
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00047004



03032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent	
MAXWELL, BETTY I 126 OAK HOLLOW DR. HAINES CITY, FL 33844	<u>939 Gascony Ct.</u> <u>Kissimmee FL 34759</u>

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, JAMES W III <u>126 OAK HOLLOW DR.</u> <u>HAINES CITY, FL 33844</u> <u>939 Gascony Ct.</u> <u>Kissimmee FL 34759</u>
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 <u>126 OAK HOLLOW DR.</u> <u>HAINES CITY, FL 33844</u> <u>939 Gascony Ct.</u> <u>Kissimmee FL 34759</u>
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 4/25/05 407/343-0339  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #