

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90033 042 ***150.00

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1. Entity Name
DRAGONS WEYR, INC.



Principal Place of Business
**939 GASCONY COURT
KISSIMMEE, FL 34759**

Mailing Address
**939 GASCONY COURT
KISSIMMEE, FL 34759**

DO NOT WRITE IN THIS SPACE



02242006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3494017

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAXWELL, BETTY I
939 GASCONY COURT
KISSIMMEE, FL 34759**

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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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PALMER, JAMES W III
STREET ADDRESS	939 GASCONY COURT
CITY-ST-ZIP	KISSIMMEE, FL 34759
TITLE	D
NAME	GOODWIN, JOHN H
STREET ADDRESS	1006 KELLEY AVE., APT. 1 126 Oak Hollow Dr
CITY-ST-ZIP	KISSIMMEE FL 34743 Haines City FL 33844
TITLE	D
NAME	MAXWELL, BETTY I
STREET ADDRESS	939 GASCONY COURT
CITY-ST-ZIP	KISSIMMEE, FL 34759
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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #