

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # P98000013729 1. Entity Name DRAGONS WEYR, INC.	
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Principal Place of Business 939 GASCONY COURT KISSIMMEE, FL 34759	Mailing Address 939 GASCONY COURT KISSIMMEE, FL 34759
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01282007 No Chg-P CR2E034 (11/08)

DO NOT WRITE IN THIS SPACE

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 re-registering)

000000798373

05/23/07-80109-006 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	D PALMER, JAMES W III 939 GASCONY COURT KISSIMMEE, FL 34759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODWIN, JOHN H 128 OAKHOLLOW DR HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAXWELL, BETTY I 939 GASCONY COURT KISSIMMEE, FL 34759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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 Betty Maxwell Betty Maxwell 4/29/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #