

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000040773  
 1. Entity Name  
 DOLLY'S SUNGLASSES, INC.



Principal Place of Business      Mailing Address  
 5 ROCKY CREEK TRAIL      5 ROCKY CREEK TRAIL  
 ORMOND BEACH, FL 32174      ORMOND BEACH, FL 32174



**DO NOT WRITE IN THIS SPACE**

01292004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 59-3578535      Not Applicable

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

6. Name and Address of Current Registered Agent  
 FRIEBIS, DANIEL S  
 3890 TURTLE CREEK DR #B-1  
 PORT ORANGE, FL 32127

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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 renewing)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

000000030791  
 02/04/04-80122-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCKEAND, DARLYNE
STREET ADDRESS	5 ROCKY CREEK TRAIL
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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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: Darlene McKeand      Date: 1/30/2004      Daytime Phone #: 386-677-6025