

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90184 036 \*\*\*150.00

<b>DOCUMENT # P99000044643</b>					
<b>1. Entity Name</b> DANA'S SHEAR DESIGNS, INC.					
<b>Principal Place of Business</b> 2869 JEFFERSON ST MARIANNA, FL 32448			<b>Mailing Address</b> 2869 JEFFERSON ST MARIANNA, FL 32448		
<b>2. Principal Place of Business</b> 2910 Borden Street		<b>3. Mailing Address</b> 2910 Borden Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02212005    Chg-P    CR2E034 (10/03)	
<b>City &amp; State</b> Marianna, FL		<b>City &amp; State</b> Marianna, FL		<b>4. FEI Number</b> 59-3575480	
<b>Zip</b> 32448		<b>Country</b> Jackson		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> REDMON, J. SHAD 4450 LAFAYETTE ST. MARIANNA, FL 32446				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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.</b> SIGNATURE: <u>H. Matt Fugua</u> DATE: <u>2/21/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORBETT, MICHAEL R 3413 HWY. 73 MARIANNA, FL 32446	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORBETT, DANA E 3413 HWY. 73 MARIANNA, FL 32446	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> <u>Dana Torbett</u> <b>Dana Torbett</b> <u>2/22/05</u> <u>850-526-4544</u> <small>Signature and typed or printed name of signing officer or director    Date    Daytime Phone #</small>					