2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000005008

1. Entity Name
DREAMLINE MANUFACTURING, INC.

Principal Place of Business
PO BOX 1250
CABOT, AR 72023

Mailing Address
PO BOX 1250
CABOT, AR 72023

DO NOT WRITE IN THIS SPACE

03192005 No Chg-P CR2E034 (10/03)

4. FEI Number
71-0363144

Applied For
Not Applicable

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

6. **Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 ____________________
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TIPTON, STEPHEN
STREET ADDRESS	1800 S. 2ND
CITY-ST-ZIP	CABOT, AR 72023
TITLE	VSD
NAME	HARRELL, RON
STREET ADDRESS	1800 S. 2ND
CITY-ST-ZIP	CABOT, AR 72023
TITLE	TDC
NAME	TIPTON, DENSIAL
STREET ADDRESS	1800 S. 2ND
CITY-ST-ZIP	CABOT, AR 72023
TITLE	D
NAME	DUKE, ROBERTL
STREET ADDRESS	1800 S. 2ND
CITY-ST-ZIP	CABOT, AR 72023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/05-80068-013 150.00

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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: Stephen Tipton Pres 4-15-05 501-843-3585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #