

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2004 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**



03302004 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**

**DO NOT WRITE  
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**U00000121693  
04/20/04-80063-010 150.00**

**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, DENISAL
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	

**DO NOT WRITE  
IN THIS SPACE**

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, or 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 #