

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90199 031 ***150.00

DOCUMENT # P03000040420	
1. Entity Name DREAM CASTLE INVESTOR INC	

Principal Place of Business P.O. BOX 16483 TALLAHASSEE, FL 32317-6483	Mailing Address P.O. BOX 16483 TALLAHASSEE, FL 32317-6483
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2. Principal Place of Business 281 Greenlea Circle	3. Mailing Address Suite, Apt. #, etc.
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City & State Crawfordville Florida	City & State
Zip 32327-5713	Country Wakulla

6. Name and Address of Current Registered Agent Old Address PROCHASKA, CHARLES 1951 N. MERIDIAN RD. APT. 39 TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent Charles Prochaska 281 Greenlea Circle Crawfordville FL Zip Code 32327-5713	
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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 Charles Prochaska CEO (NOTE: Registered Agent signature required when reinstating) DATE 4-21-04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO PROCHASKA, CHARLES P.O. BOX 16483 TALLAHASSEE, FL 323176483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Charles Prochaska **4-21-04 926-8833**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #