

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23000008305

**Entity Name:** DREAM 247 PROJECT, INC.

**Current Principal Place of Business:**

313 E 10TH ST  
ATTN : CEDRIC LAUCHNER  
JACKSONVILLE, FL 32206

**FILED**  
**Apr 24, 2024**  
**Secretary of State**  
**9190871597CC**

**Current Mailing Address:**

313 E 10TH STREET  
ATTN : CEDRIC LAUCHNER  
JACKSONVILLE, FL 32206 US

**FEI Number: 93-2336165**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CEDRIC LAUCHNER  
313 E 10TH ST  
JACKSONVILLE, FL 32206 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name CEDRIC LAUCHNER  
Address 313 E 10TH STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title VPD  
Name CHARNEL ROBINSON  
Address 313 E 10TH STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title SECRETARY  
Name CHARDEL LAUCHNER  
Address 313 E 10TH STREET  
City-State-Zip: JACKSONVILLE FL 32206

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: CEDRIC LAUCHNER**

**PRESIDENT**

**04/24/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date