

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000017462

**Entity Name:** DREAM HORIZONS, INC.

**Current Principal Place of Business:**

410 NE 5TH STREET  
WILLISTON, FL 32696

**Current Mailing Address:**

PO BOX 1528  
CHESAPEAKE, VA 23327 US

**FEI Number:** 83-3822038

**Certificate of Status Desired:** No

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

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DRIVE  
SUITE A  
TALLAHASSEE, FL 32301 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            PRESIDENT  
Name            JORDAN, JOHN HENRY  
Address        PO BOX 1528  
City-State-Zip: CHESAPEAKE VA 23327

Title            VP  
Name            FULLER, TERESA A  
Address        410 NE 5 ST  
City-State-Zip: WILLISTON FL 32696

Title            TREASURER  
Name            KELLAM, RICHARD B  
Address        PO BOX 1528  
City-State-Zip: CHESAPEAKE VA 23327

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN HENRY JORDAN

**PRESIDENT**

**02/27/2023**

Electronic Signature of Signing Officer/Director Detail

Date