2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # H95876

1. Entity Name
DREAM HOMES OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
339 CAROLYN DR	339 CAROLYN DR
OVIEDO, FL 32765	OVIEDO, FL 32765

DO NOT WRITE IN THIS SPACE

01302004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-2629322		Not Applicable

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

6. Name and Address of Current Registered Agent

LOVETT, W. THOMAS
200 E. ROBINSON ST., STE. 500
ORLANDO, FL 32801

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_____   DATE
Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	REAMS, J. PERRY
STREET ADDRESS	339 CAROLYN DR
CITY-ST-ZIP	OVIEDO, FL 32765

TITLE	ST
NAME	REAMS, JANE D
STREET ADDRESS	339 CAROLYN DR
CITY-ST-ZIP	OVIEDO, FL 32765

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U0000013006
02/10/04-90047-015 150.00

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 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: _Jane D. Reams_ JANE D. REAMS   02-04-04   407-359-5606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #