

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # M56291

1. Entity Name
DREAM ACRE ENTERPRISES, INC.



Principal Place of Business
**4305 LAKE GLEN DRIVE
MELBOURNE, FL 32934-7711**

Mailing Address
**4305 LAKE GLEN DRIVE
MELBOURNE, FL 32934-7711**

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0198156

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MESSENGER, MICHAEL E.
4305 LAKEGLEN DR
MELBOURNE, FL 32934**

**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 recasting) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MESSENGER, MICHAEL E.
STREET ADDRESS	4305 LAKE GLEN DRIVE
CITY - ST - ZIP	MELBOURNE, FL 32934
TITLE	S
NAME	MESSENGER, DEBORAH L
STREET ADDRESS	4305 LAKE GLEN DRIVE
CITY - ST - ZIP	MELBOURNE, FL 329347711
TITLE	VP
NAME	MESSENGER, PATRICK L
STREET ADDRESS	2241 APPALACHIAN DRIVE
CITY - ST - ZIP	MELBOURNE, FL 32935
TITLE	D
NAME	RIDER, CHRISTOPHER J
STREET ADDRESS	1477 HUFF COURT
CITY - ST - ZIP	MELBOURNE, FL 32935
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/13/05-80080-018 158.75

**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-25-05** Daytime Phone #