

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000012078

1. Entity Name

THE SKY DREAMS FOUNDATION, INC.



Principal Place of Business

Mailing Address

POST OFFICE DRAWER 369
CENTER HILL FL 33514

POST OFFICE DRAWER 369
CENTER HILL FL 33514



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-3895742

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAKER, PETER ESQUIRE
500 EAST KENNEDY
TAMPA FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 transferring)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME P
STREET ADDRESS PETERSON, DAVID SR
CITY- ST- ZIP POST OFFICE DRAWER 369
CENTER HILL FL 33514

☐ Change ☐ Addition
NAME U00000708908
STREET ADDRESS 04/24/07-80133-014 61.25
CITY- ST- ZIP

TITLE ☐ Delete
NAME TRES
STREET ADDRESS PETERSON, DEIDRA
CITY- ST- ZIP POST OFFICE DRAWER 369
CENTER HILL FL 33514

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME SEC
STREET ADDRESS PETERSON, DEIDRA
CITY- ST- ZIP POST OFFICE DRAWER 369
CENTER HILL FL 33514

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME VP
STREET ADDRESS PETERSON, DAVID JR
CITY- ST- ZIP POST OFFICE DRAWER 369
CENTER HILL FL 33514

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, 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:

David Peterson

Pres.

2-21-06

537 227 8700