

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90073 039 ***158.75

DOCUMENT # P02000016045

1. Entity Name
DREAMPLAY RENTALS INC.



Principal Place of Business
356 BRIMMING LAKE ROAD
CLERMONT, FL 34711

Mailing Address
356 BRIMMING LAKE ROAD
CLERMONT, FL 34711

94038562

2. Principal Place of Business
13403 Rainbow Lane

3. Mailing Address
P.O. Box 325

Suite, Apt. #, etc.
~~Clermont, FL~~

Suite, Apt. #, etc.

01152004

Chg-P

CR2E034 (10/03)

City & State
~~Clermont, FL~~

City & State
Minneola, FL 34755

4. FEI Number
01-0595622

Applied For
Not Applicable

Zip
34711

Country
Lake

Zip
34755

Country
Lake

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COCKCROFT, NICOLE A
356 BRIMMING LAKE ROAD
CLERMONT, FL 34711

Name
Cockcroft, Nicole A

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

13403 Rainbow Lane

City
Clermont

FL

Zip Code
34711

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 Nicole Cockcroft Nicole Cockcroft

3-22-04

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME COCKCROFT, NICOLE A
STREET ADDRESS 356 BRIMMING LAKE ROAD
CITY-ST-ZIP CLERMONT, FL 34711 ☐ Delete

TITLE P
NAME Cockcroft, Nicole A.
STREET ADDRESS 13403 Rainbow Lane
CITY-ST-ZIP Clermont, FL 34711 ☒ Change ☐ Addition of address

TITLE V
NAME COCKCROFT, SHANNON P
STREET ADDRESS 356 BRIMMING LAKE ROAD
CITY-ST-ZIP CLERMONT, FL 34711 ☐ Delete

TITLE V
NAME cockcroft, shannon P.
STREET ADDRESS 13403 Rainbow Lane
CITY-ST-ZIP Clermont, FL 34711 ☒ Change ☐ Addition of address

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: Nicole Cockcroft Nicole Cockcroft

3-24-04

(321)436-7438

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #