


06-21-2005 90004 035 \*\*\*150.00  
P02000018822

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED

05 JUL 13 PM 12: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P02000018822</b> 1. Entity Name DREAMCATCHER TRUCKING, INC.	
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Principal Place of Business 6044 HUNTER RD. KEYSTONE HEIGHTS, FL 32656	Mailing Address 6044 HUNTER RD. KEYSTONE HEIGHTS, FL 32656
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03132005 No Chg-P CR2E034 (10/03)

4. FEI Number 30-0060214	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  MILLER, JAY C 6044 HUNTER RD. KEYSTONE HEIGHTS, FL 32656
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**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 reinstating) 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 NAME STREET ADDRESS CITY - ST - ZIP	P MILLER, JAY C 6044 HUNTER RD. KEYSTONE HEIGHTS, FL 32656
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**DO NOT WRITE  
IN THIS SPACE**

*Jay C Miller*

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: Jay C. Miller 4-20-05 352-473-5352  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #