

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90225 009 ***150.00

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04122005 Chg-P CR2E034 (10/03)

4. FEI Number
02-0590655

Applied For
Not Applicable

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

DOCUMENT # P02000036986

1. Entity Name
J & C DREAMS, INC.



Principal Place of Business
7802 TOLEDO ST
ORLANDO, FL 32822

Mailing Address
7802 TOLEDO ST
ORLANDO, FL 32822

2. Principal Place of Business
2516 OSAGE TRAIL
Suite, Apt. #, etc.
CASSELBERRY, FL
City & State

3. Mailing Address
2516 OSAGE TRAIL
Suite, Apt. #, etc.
CASSELBERRY, FL
City & State

Zip
32730
Country

Zip
32730
Country

6. Name and Address of Current Registered Agent
MARINO, JOSE L
7802 TOLEDO ST
ORLANDO, FL 32822

7. Name and Address of New Registered Agent
Name
MARINO, JOSE L.
Street Address (P.O. Box Number is Not Acceptable)
2516 OSAGE TRAIL
City
CASSELBERRY FL Zip Code
32730

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 MARINO, JOSE L. DATE 4/20/05
(NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	MARINO, JOSE L	
STREET ADDRESS	7802 TOLEDO ST	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARINO, CYNTHIA L	
STREET ADDRESS	7802 TOLEDO ST	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINO, JOSE L.	
STREET ADDRESS	2516 OSAGE TRAIL	
CITY-ST-ZIP	CASSELBERRY, FL 32730	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINO, CYNTHIA S.	
STREET ADDRESS	2516 OSAGE TRAIL	
CITY-ST-ZIP	CASSELBERRY, FL 32730	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information submitted 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 reports 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

Daytime Phone #

4/20/05 407-331-1871