


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90295 042 ***150.00

DOCUMENT # P03000046674 1. Entity Name DREAM IT, DO IT, INC.						
Principal Place of Business 16713 FOOTHILL DRIVE TAMPA, FL 33624			Mailing Address 16713 FOOTHILL DRIVE TAMPA, FL 33624			
2. Principal Place of Business 5104 Rue Vendome Suite, Apt. #, etc.		3. Mailing Address 5104 Rue Vendome Suite, Apt. #, etc.				
City & State Lutz, FL. Zip 33558		City & State Lutz, FL. Zip 33558		4. FEI Number 45-0511617		
Country USA		Country USA		Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03302005 Chg-P CR2E034 (10/03)		
6. Name and Address of Current Registered Agent SPURLOCK, DEBBIE C 16713 FOOTHILL DRIVE TAMPA, FL 33624			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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: <u>Debbie C. Spurlock, President</u> DATE: <u>April 21, 2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPURLOCK, DEBBIE C 16713 FOOTHILL DRIVE TAMPA, FL 33624		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5104 Rue Vendome Lutz, FL. 33558	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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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: <u>Debbie C. Spurlock</u>			DATE: <u>April 21, 05</u> 813-909-4088			

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