

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90040 045 ***150.00

DOCUMENT # P03000070950

1. Entity Name
DREAMCARXPRESS.COM, INC.



Principal Place of Business
**3612 OAK STREET
JACKSONVILLE, FL 32205**

Mailing Address
**3612 OAK STREET
JACKSONVILLE, FL 32205**

2. Principal Place of Business

N/A

Suite, Apt. #, etc.

3. Mailing Address

N/A

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



04062004 Chg-P CR2E034 (10/03)

4. FEI Number

58-2674049

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FRIERSON, WILLIAM P
3612 OAK STREET
JACKSONVILLE, FL 32205**

7. Name and Address of New Registered Agent

Name **N/A**

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 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

TITLE	D	<input type="checkbox"/> Delete
NAME	FRIERSON, WILLIAM P	
STREET ADDRESS	3612 OAK STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRIERSON, CAROL A	
STREET ADDRESS	3612 OAK STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	
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	<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	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol A. Frierson

CAROL A FRIERSON

V. PRES.

Date

4/10/04

Daytime Phone #

387-9577