

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000071625

1. Entity Name

AMERICAN DREAM OF NORTHEAST FLORIDA, INC.



Principal Place of Business

205 N. TEMPLE AVENUE  
STARKE, FL 32091

Mailing Address

P. O. BOX 896  
STARKE, FL 32091

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 NOV 10 PM 1:35

REINSTATEMENT 08



09022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
56-2375888  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GATHRIGHT, CHARLEEN  
15661 SW 161ST STREET  
BROOKER, FL 32622

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

*Charleen Gathright* Charleen Gathright

10-22-08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May 18/08  
Added to Fees

600137369256

10/28/08--01009--011 \*\*200.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES  
GATHRIGHT, CHARLEEN  
15661 SW 161ST STREET  
BROOKER, FL 32622

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

600137369256  
10/28/08--01028--020 \*\*550.00

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Charleen Gathright* Charleen Gathright 10-22-08 904-964-5424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #