

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90048 030 ***150.00

DOCUMENT # P03000154077

1. Entity Name
MILE HIGH DREAMS, INC.



Principal Place of Business
**5232 COLONIAL AVE
JACKSONVILLE, FL 32210-4010**

Mailing Address
**5232 COLONIAL AVE
JACKSONVILLE, FL 32210-4010**

50010221



2. Principal Place of Business
2029 Sandpiper Point
Suite, Apt. #, etc.
7461 Northwest 4th St.

3. Mailing Address
40 McLeary & McLeary
Suite, Apt. #, etc.
7461 Northwest 4th St.

01212005 Chg-P CR2E034 (10/03)

City & State
Neptune Beach FL

City & State
Plantation FL.

4. FEI Number
37-1482045

Applied For
☐ Not Applicable

Zip
32266

Country

Zip
33317

Country

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

6. Name and Address of Current Registered Agent

**CAMERA, DAVID A
5232 COLONIAL AVE
JACKSONVILLE, FL 32210-4010**

7. Name and Address of New Registered Agent

Name
CAMERA, DAVID A.
Street Address (P.O. Box Number is Not Acceptable)
2029 Sandpiper Point
City
Neptune Beach FL Zip Code
32266

8. The above named entity admits 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]

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

(NOTE: Registered Agent signature required when reinstating)

1/28/2005

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
**PST
CAMERA, DAVID A
5232 COLONIAL AVE
JACKSONVILLE, FL 32210-4010**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CAMERA, DAVID A.
2029 Sandpiper Point
Neptune Beach FL. 32266**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/2005

Date

(903) 624-8144

Daytime Phone #

$$\begin{array}{r} \cancel{\#} 03000154077 \\ \hline 50010221 \end{array}$$

Complete this form, sign it, and mail it with your tax return if:

- If you have a change of legal entity, you must register online or complete and mail a new *Application to Collect and/or Report Tax in Florida* (Form DR-1). If you need more information or forms, contact your local Service Center or call Taxpayer Services (see enclosed contact information). You must submit a change of address form for each location. If you are closing or selling your business or have a change in legal entity, complete the form on the reverse side.

1/28/2005
Date

Or

New Location

Business Location 2029 Sandpiper Point

City Neptune Beach State FL ZIP 32266

Business Telephone (703) 624-8144 County

New Address

In Care of McCleary & McCleary

Mailing Address 7461 Northwest 47th St.

City Plantation State FL ZIP 33317

*Owner's Telephone 703-624-8144 County

Mailing address change is for: ☒ Sales tax only or ☐ All Taxes

New Business Name _____

DBA Business Name