

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000076508	
1. Entity Name FLORIDA DREAMSCAPES, INC.	

Principal Place of Business 173 DOWLING AVE NE PORT CHARLOTTE, FL 33952	Mailing Address 173 DOWLING AVE NE PORT CHARLOTTE, FL 33952
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01042006 No Chg-P CR2ED34 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1145586	Applied For ☐ Not Applicable
5. Certificate of Status Destroyed ☐	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent BURNS, DANIEL D 173 DOWLING AVE NE PORT CHARLOTTE, FL 33952

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9. 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 reappointing)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00	6. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, DANIEL D 173 DOWLING AVE NE PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARMER, MELISSA S 173 DOWLING AVE NE PORT CHARLOTTE, FL 33952
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01/30/06-80076-004 150.00

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: <u>Melissa Farmer VP</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <u>1/20/06</u>	Daytime Phone #: <u>815-6725</u>
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