

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90042 009 ***150.00

DOCUMENT # P94000054899

1. Entity Name
DREAMLAND PRODUCTIONS, INC.



Principal Place of Business
**1 DONDANVILLE RD
120
SAINT AUGUSTINE, FL 32080**

Mailing Address
**P.O. BOX 861175
SAINT AUGUSTINE, FL 32086**

40000668



2. Principal Place of Business - No P.O. Box #
103 Augusta Circle
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01062007 Chg-P CR2E034 (12/06)

City & State
St. Augustine, FL
Zip
32086 Country
USA

City & State
Zip Country

4. FEI Number
59-3167042 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GAY, JEFFRY
1 DONDANVILLE RD
#120
SAINT AUGUSTINE, FL 32080**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
103 Augusta Circle
City
St. Augustine, FL Zip Code
32086

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: *Jeffrey Gay*

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

(NOTE: Registered Agent signature required when reinstating)

DATE: **1/6/07**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	<input type="checkbox"/> Delete
P	GAY, JEFFREY	1 DONDANVILLE RD. #120	SAINT AUGUSTINE, FL 32080	<input type="checkbox"/> Delete
V	GAY, CONNIE J	1 DONDANVILLE RD. #120	SAINT AUGUSTINE, FL 32080	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P	GAY, Jeffrey	103 Augusta Circle	St. Augustine, FL 32086	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V	GAY, Connie J	103 Augusta Circle	St. Augustine, FL 32086	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jeffrey Gay*

Signature typed or printed name of signing officer or director

DATE: **1/6/07**

Daytime Phone #