

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90021 008 ***150.00

DOCUMENT # P98000047472

1. Entity Name

DREAM MAKER OF JACKSONVILLE, INC.



Principal Place of Business

3105 LAUREL GROVE N
JACKSONVILLE FL 32223

Mailing Address

3105 LAUREL GROVE N
JACKSONVILLE FL 32223

2. Principal Place of Business

2232 Hidden Waters Dr. W. 2232 Hidden Waters Dr. W.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Green Cove Springs FL

City & State

Green Cove Springs FL

Zip

32043

Country

CLAY

Zip

32043

Country

CLAY

4. FEI Number

59-3520280

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEONARD, JAMES R
3105 LAUREL GROVE N
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name

Leonard James R

Street Address (P.O. Box Number is Not Acceptable)

2232 Hidden Waters Dr. West.

Green Cove Springs

City

FL

Zip Code

32043

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

James R Leonard

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME LEONARD, JAMES R
STREET ADDRESS 3105 LAUREL GROVE N
CITY-ST-ZIP JACKSONVILLE FL 32223 ☐ Delete

TITLE ST
NAME LEONARD, CARROL W
STREET ADDRESS 3105 LAUREL GROVE N
CITY-ST-ZIP JACKSONVILLE FL 32223 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE LEONARD, James R. ☒ Change ☐ Addition
NAME
STREET ADDRESS 2232 Hidden Waters Drive W.
CITY-ST-ZIP Green Cove Springs, FL 32043

TITLE
NAME
STREET ADDRESS 2232 Hidden Waters Dr. W.
CITY-ST-ZIP Green Cove Springs FL 32043 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

James R Leonard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-08-04

Date

904-571-1919

Daytime Phone #