

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90720 026 ***150.00

DOCUMENT # P98000050753

1. Entity Name
DREAM HOMES OF THE FIRST COAST, INC.



Principal Place of Business
2495 S. R. 207 LOT G
ST. AUGUSTINE, FL 32086

Mailing Address
2495 SR 207 LOT G
ST. AUGUSTINE, FL 32086

94080340



2. Principal Place of Business
1800 SR 207
Suite, Apt. #, etc.

3. Mailing Address
1800 SR 207
Suite, Apt. #, etc.

04272004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3512311

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

**JACOBS, KERI
5420 ATLANTIC VIEW
ST. AUGUSTINE, FL 32084**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **JACOBS, CAMERON**
STREET ADDRESS **5420 ATLANTIC VIEW**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32084**

TITLE **V** ☐ Delete
NAME **ZAKROCKI, LEROY H**
STREET ADDRESS **5394 SOUNDVIEW AVENUE**
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32086**

TITLE **ST** ☐ Delete
NAME **ZAKROCKI, PATRICIA G**
STREET ADDRESS **5394 SOUNDVIEW AVENUE**
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32086**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04

Date

904-377-0939

Daytime Phone #