

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2005 8:00 am
Secretary of State

05-27-2005 90023 025 ***150.00

DOCUMENT # P98000050753

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



Principal Place of Business
**1800 SR 207
ST. AUGUSTINE, FL 32086**

Mailing Address
**1800 SR 207
ST. AUGUSTINE, FL 32086**



2. Principal Place of Business
Suite, Apt. #, etc.

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

04212005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
59-3512311

Applied For
☐ Not Applicable

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 **JACOBS, KERI**
Street Address (P.O. Box Number is Not Acceptable)
1800 S.R. 207
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/05

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

TITLE **VPS** ☐ Delete
NAME **ZAKROCKI, LEROY H**
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

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
NAME
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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

4/15/05

Date

Daytime Phone #