

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000053966

1. Entity Name
AMERICAN DREAM REALTY & INVESTMENTS, INC.



Principal Place of Business
**1501 S. FERDON BLVD
CRESTVIEW, FL 32536**

Mailing Address
**1501 S. FERDON BLVD
CRESTVIEW, FL 32536**

DO NOT WRITE IN THIS SPACE



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3521638

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

**HAGGARD, JENNIFER
105 EAGLE DRIVE
CRESTVIEW, FL 32536**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**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**
NAME **HAGGARD, JENNIFER A**
STREET ADDRESS **304 ISLAND DR**
CITY- ST- ZIP **CRESTVIEW, FL 32536**

TITLE **VP**
NAME **HAGGARD, JOHN V**
STREET ADDRESS **105 EAGLE DRIVE**
CITY- ST- ZIP **CRESTVIEW, FL 32536**

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000000097694
03/29/04 80010-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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

3-24-04 850 683 9693
Date Daytime Phone #