

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90027 017 ***150.00

DOCUMENT # S68081

1. Entity Name

MISS DREAM GIRL AMERICA, INC.



Principal Place of Business

4096 PONTE VEDRA BLVD
JACKSONVILLE BEACH FL 32250
US

Mailing Address

4096 PONTE VEDRA BLVD
JACKSONVILLE BEACH FL 32250
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3082346

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDERS, KEVIN S PA
817 WILLOW BRANCH AVE.
SUITE 2925
JACKSONVILLE FL 32205

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

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	D	<input type="checkbox"/> Delete
NAME	BUTTS, PATSY	
STREET ADDRESS	4096 PONTE VEDRA BLVD.	
CITY-ST-ZIP	JACKSONVILLE BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTTS, ELLIOT W	
STREET ADDRESS	4096 PONTE VEDRA BLVD.	
CITY-ST-ZIP	JACKSONVILLE BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOLF, CONNIE	
STREET ADDRESS	1331 FIRST ST DR, #703	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRESCA, BETH	
STREET ADDRESS	137 ISLAND DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUIZZNO, HEATHER LANE	
STREET ADDRESS	214 30TH AVENUE SOUTH	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 *Patricia H. Butts* **Patricia H. Butts** **February 16, 2004 (904) 285-2004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #