

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000023962

**Entity Name:** DREAM RELEASERS, INC.

**Current Principal Place of Business:**

1655 KEATS ROAD  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

PO BOX 66123  
JACKSONVILLE, FL 32208 US

**FEI Number:** 45-4787806

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HEYWARD, ANTHONY L  
1655 KEATS ROAD  
JACKSONVILLE, FL 32208 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P.  
Name HEYWARD, ANTHONY L  
Address 1655 KEATS ROAD  
City-State-Zip: JACKSONVILLE FL 32208

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANTHONY L.HEYWARD

**PRESIDENT**

**02/26/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date