

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007625

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: CREATIVE KIDS COUNT, INC.

**Current Principal Place of Business:**

4421 W. CULBREATH AVE.  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

4421 W. CULBREATH AVE.  
TAMPA, FL 33609

**New Mailing Address:**

FEI Number: 59-3683033

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CFRA, LLC  
CORPORATE CENTER THREE AT INT'L PLAZA  
4221 W. BOY SCOUT BLVD, 10TH FLOOR  
TAMPA, FL 336075736 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SASSO, GARY L  
Address: CORP CT TH INTL 4221 W BYSCT BLVD 10 FL  
City-St-Zip: TAMPA, FL 336075736

Title: D ( ) Delete  
Name: LEHMAN, KRISTEN  
Address: 211 S. MOODY AVE.  
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete  
Name: SASSO, ALLISON C  
Address: 4421 W. CULBREATH AVE.  
City-St-Zip: TAMPA, FL 33609

Title: P, D ( ) Delete  
Name: SASSO, JENNIFER M  
Address: 4421 W CULBREATH AVE  
City-St-Zip: TAMPA, FL 33609

Title: ST ( ) Delete  
Name: SASSO, KAREN J  
Address: 4421 W CULBREATH AVE  
City-St-Zip: TAMPA, FL 33609

Title: V ( ) Delete  
Name: SASSO, EMILY G  
Address: 4421 W. CULBREATH AVE.  
City-St-Zip: TAMPA, FL 33609

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY L. SASSO

D

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date