

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # G95397

1. Entity Name
JOSIE'S CREATIONS, INC.



Principal Place of Business
**8100 PARK BLVD.
SUITE 36 A
PINELLAS PARK, FL 33781 US**

Mailing Address
**8100 PARK BLVD.
SUITE 36 A
PINELLAS PARK, FL 33781 US**



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2411574	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**O'DONNELL, JOHN F., JR.
7100 - 2ND AVE., S.
ST. PETERSBURG, FL 33707**

**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, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VTD
NAME	O'DONNELL, JOHN F., JR.
STREET ADDRESS	7100 2ND AVENUE SOUTH
CITY-STATE-ZIP	ST. PETERSBURG, FL 33707

TITLE	PSD
NAME	O'DONNELL, PATRICIA L.
STREET ADDRESS	7100 2ND AVENUE SOUTH
CITY-STATE-ZIP	ST. PETERSBURG, FL 33707

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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**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:

John F. O'Donnell
John F. O'Donnell

1-7-05 727 575-8909
Date Daytime Phone #