

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000030677

1. Entity Name
CREATIVE LITTLE HANDS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 30 PM 4:01

Principal Place of Business
6027 KENNERLY ROAD
JACKSONVILLE, FL 32216

Mailing Address
6027 KENNERLY ROAD
JACKSONVILLE, FL 32216

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06232008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FBI Number

59-3637462

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PUCHETTA, SILVIA
6027 KENNERLY ROAD
JACKSONVILLE, FL 32216

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 resigning)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
PUCHETTA, SYLVIA
6027 KENNERLY RD
JACKSONVILLE, FL 32216 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
PUCHETTA, JORGE
6027 KENNERLY RD
JACKSONVILLE, FL 32216 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
900132069269
07/02/08--01010--018 **\$1.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Marcus Puchetta
4011 Pelican Road
Jacksonville, FL 32207 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Silvia Puchetta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/26/08 (904) 937-3944

1-1302