

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90070 046 ***158.75

DOCUMENT # P01000106791

1. Entity Name
CREATIVE DENTAL DESIGN, INC.



Principal Place of Business

**5015 N CLARK AVE
TAMPA, FL 33614**

Mailing Address

**5015 N CLARK AVE
TAMPA, FL 33614**

50030955

2. Principal Place of Business

4556 South Manhattan Ave.

3. Mailing Address

4556 South Manhattan Ave.

Suite, Apt. #, etc.

C

Suite, Apt. #, etc.

C

03252005

Chg-P

CR2E034 (10/03)



City & State

TAMPA, Florida

City & State

TAMPA, Florida

4. FEI Number

59-3720614

Applied For

Not Applicable

Zip

33611

Country

Zip

33611

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ONA, CAROLYN
5015 N CLARK AVE
TAMPA, FL 33614**

7. Name and Address of New Registered Agent

Name **Nestor I. Ona**

Street Address (P.O. Box Number is Not Acceptable)

4556 South Manhattan Ave

Suite - C

City

Tampa

FL

Zip Code

33611

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 **Nestor I. Ona** **NESTOR I. ONA** **President**

3-25-05

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 \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ONA, CAROLYN**
STREET ADDRESS **4411 SAN RAFAEL ST.**
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Change ☒ Addition
NAME **NESTOR I. ONA**
STREET ADDRESS **4411 San Rafael St.**
CITY-ST-ZIP **Tampa FL 33629**

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

TITLE ☐ Change ☐ Addition
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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: **Nestor I. Ona**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-05 **813-805-0703**
Date Daytime Phone #