


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90117 003 ***150.00

DOCUMENT # P02000039803 1. Entity Name POOR FOLKS CREATIONS, INC.	
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Principal Place of Business 2620 STATE RD 17 N LOT 9 SEBRING, FL 33870	Mailing Address 2620 STATE RD 17 N LOT 9 SEBRING, FL 33870
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03082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0793773	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENNETT, KARLA R
1104 W PLEASANT ST
AVON PARK, FL 33825

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO KALSON, STEVE 2620 STATE RD 17 N LOT 9 SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KALSON, JANET E 2620 STATE RD 17 N LOT 9 SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KALSON, ROBIN L 2620 STATE RD 17 N LOT 9 SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KALSON, KENT C 2620 STATE RD 17 N LOT 9 SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President of Sales Cheryl Williams, Cheryl L 954 John Team Rd Talking Rock GA 30175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Financial Director Williams, Cheryl L 954 John Team Rd Talking Rock GA 30175

**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: *Steve E. Kalson Janet E. Kalson* **3-19-05 (863) 446-0243**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #