

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000103079

Entity Name: LEFTEAR DESIGN, INC.

FILED
Jan 07, 2006
Secretary of State

Current Principal Place of Business:

1063 DANCY STREET
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 550699
JACKSONVILLE, FL 32255

New Mailing Address:

FEI Number: 22-3882352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRIBBS, SHARRON
8256 RIVER ROAD
ST. AUGUSTINE, FL 32092 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: CRIBBS, MATTHEW R
Address: 1063 DANCY STREET
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: T () Delete
Name: CRIBBS, SHARON A
Address: 8256 RIVER ROAD
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: VP () Delete
Name: RICKER, JENNIFER V
Address: 1063 DANCY ST
City-St-Zip: JACKSONVILLE, FL 32205 US

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARRON A. CRIBBS

T

01/07/2006

Electronic Signature of Signing Officer or Director

Date