

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90261 035 ***150.00

DOCUMENT # P04000035085



1. Entity Name
JOHN CORONA'S CREATIONS, INC

Principal Place of Business
 1201 SAGO PALM BLVD
 KISSIMMEE, FL 34741 US

Mailing Address
 1201 SAGO PALM BLVD
 KISSIMMEE, FL 34741 US

2. Principal Place of Business
 203 West Winter Park St.

3. Mailing Address
 203 West Winter Park St.

City & State
 Orlando, FL

City & State
 Orlando, FL

Zip
 32804

Country



04122005 Chg-P CR2E034 (10/03)

4. FEI Number
 20-0710181

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORONA, JOHN
 1201 SAGO PALM BLVD
 KISSIMMEE, FL 34741

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 203 West Winter Park Street
 City Orlando FL Zip Code 32804

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: *John L. Corona* *President* DATE: *4/14/05*

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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORONA, JOHN 1201 SAGO PALM BLVD KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 203 West Winter Park Street Orlando, FL 32804
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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 L. Corona* *John L. Corona* DATE: *4/14/05* 321-231-2507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #