

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000102166

1. Entity Name
SOUTHERN CREATIONS, INC.



Principal Place of Business
**2202 RIVER HAMMOCK LN
FT PIERCE FL 34981**

Mailing Address
**2202 RIVER HAMMOCK LN
FT PIERCE FL 34981**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **20-1356024**

Applied For
Not Applicable

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

**FIELD, ANNA
2202 RIVER HAMMOCK LN
FT PIERCE FL 34981**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

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

1011
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
FIELD, RICHARD
2202 RIVER HAMMOCK LN
FT PIERCE FL 34981 ☐ Delete

1111
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
**000000688741
04/11/07-80007-013 150.00**

1012
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
FIELD, ANNA
2202 RIVER HAMMOCK LN
FT PIERCE FL 34981 ☐ Delete

1112
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

1013
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

1113
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

1014
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

1114
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

1015
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

1115
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

1016
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

1116
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 Section 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: Anna Field Anna Field
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/07
Date

772-466-7617
Daytime Phone #