

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000147503

FILED
Mar 03, 2006
Secretary of State

Entity Name: CREATIONS BY LEONARD INC

Current Principal Place of Business:

903 W RIVER HEIGHTS AVE
TAMPA, FL 33603 US

New Principal Place of Business:

Current Mailing Address:

903 W RIVER HEIGHTS AVE
TAMPA, FL 33603 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HODGES, LEONARD
903 W RIVER HEIGHTS AVE
TAMPA, FL 33603 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: PRES () Delete
Name: HODGES, LEONARD
Address: 903 W RIVER HEIGHTS AVE
City-St-Zip: TAMPA, FL 33603 US

Title: VP () Delete
Name: HODGES, MARTHA F
Address: 903 W RIVER HEIGHTS AVE
City-St-Zip: TAMPA, FL 33603 US

Title: OF () Delete
Name: HODGES, MARTIN
Address: 7615 HORSE POND RD
City-St-Zip: ODESSA, FL 33556 US

Title: OF () Delete
Name: HODGES, MATTHEW
Address: 903 W RIVER HEIGHTS AVE
City-St-Zip: TAMPA, FL 33603 US

Title: OF () Delete
Name: NELSON, RICHARD
Address: 2020 E COMANCHE AVE
City-St-Zip: TAMPA, FL 33610 US

Title: OF () Delete
Name: BLOOMFIELD, JENNIFER
Address: 801 W RIVER HEIGHTS AVE
City-St-Zip: TAMPA, FL 33603 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:

Title: () Change () Addition
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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: MARTHA HODGES

VP

03/03/2006

Electronic Signature of Signing Officer or Director

Date