


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000168001		
1. Entity Name TEENA'S CREATIONS, INC.		
Principal Place of Business 7036 MCELHANEY ROAD CENTURY, FL 32535 US		Mailing Address 7036 MCELHANEY ROAD CENTURY, FL 32535 US

FILED
07 SEP 17 PM 3:00
CLERK OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #		3. Mailing Address		09122007	Chg-P	CR2E034 (12/06)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 20-4007099	Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COURTNEY-PEEBLES, TEENA L 7036 MCELHANEY ROAD CENTURY, FL 32535		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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST COURTNEY-PEEBLES, TEENA L 7036 MCELHANEY ROAD CENTURY, FL 32535 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COURTNEY-PEEBLES, TEENA L 7036 MCELHANEY ROAD CENTURY, FL 32535 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800109594788 09/18/07--01086--021 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Teena's Creations, Inc. 9/13/07 (850) 327-3023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #