## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 27, 2007 8:00 am Secretary of State DOCUMENT # P06000051077 04-27-2007 90216 031 \*\*\*150.00 SANDRA'S CREATIVE IDEAS, INC. Principal Place of Business Mailing Address 1504 ARTHUR BLVD. 1504 ARTHUR BLVD. LAKELAND, FL 33801 LAKELAND, FL 33801 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1584 04242007 CR2E034 (12/06) Cha-P 4. FEI Number Applied For City & State, City & State 20-467<u>2104</u> Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KEITH, WILLIAM C Street Address (P.O. Box Number is Not Acceptable) 1517 COMMERCIAL PARK DR. LAKELAND, FL 33801 City 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 ( applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete nn e ☐ Addition ☐ Change NAME WILLIAMS, SANDRA STREET ADDRESS 1504 ARTHUR BLVD. STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33801 CITY-ST-7IP VP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME TONY, WILLIAMS NAME STREET ADDRESS 1504 ARTHUR BLVD. STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33801 CITY-ST-ZIP SEC TITLE ☐ Delete TITLE Change Addition NAME FLETCHER, DORIS STREET ADDRESS 1504 ARTHUR BLVD. STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33801 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition WHITE, JAMAL NAME STREET ADDRESS 1504 ARTHUR BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND, FL 33801 TITLE ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-712 CITY - ST - ZIP

**FILED** 

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:X Janha Willen