

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000031093**

1. Entity Name  
**COLLEEN'S CREATIVE CORNER, INC.**



Principal Place of Business  
**2724 13TH STREET  
SAINT CLOUD, FL 34769 US**

Mailing Address  
**2724 13TH STREET  
SAINT CLOUD, FL 34769 US**



04302006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3479005** Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**JENKS, COLLEEN  
1202 MARYLAND AV  
SAINT CLOUD, FL 34769**

**DO NOT WRITE  
IN THIS SPACE**

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 Colleen Jenks Colleen Jenks 4/30/06  
Signature, typed or printed name of registered agent (write if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **JENKS, COLLEEN**  
STREET ADDRESS **1202 MARYLAND**  
CITY-ST-ZIP **SAINT CLOUD, FL 34769**

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05/18/06-80012-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Colleen Jenks Colleen Jenks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #