2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2006 08:00 AM
Secretary of State

OCUMENT # S23646
ity Name
CREATIONS OF NAPLES, INC.

cipal Place of Business	Mailing Address
855 VANDERBILT BCH RD NAPLES FL 34108 US	3221 BROOKVIEW CT NAPLES FL 34120 US

2. Principal Place of Business: 855 Vanderbilt Bch Rd
Suite, Apt. #, etc.
City & State: Naples Florida
Zip: 34108 Country: Collier

3. Mailing Address: 3221 Brookview Ct
Suite, Apt. #, etc
City & State: Naples Florida
Zip: 34120 Country: Collier

1st MOORE CR2E034 (10/05)

4. FEI Number 65-0262317 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEPEPPO, EMMANUEL, JR.
3221 BROOKVIEW COURT
NAPLES FL 34120

7. Name and Address of New Registered Agent

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, 2006 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

TITLE	D	☐ Delete
NAME	DEPEPPO, EMMANUEL, JR.	
STREET ADDRESS	3221 BROOKVIEW CT	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE	D	☐ Delete
NAME	DEPEPPO, JOANN	
STREET ADDRESS	3221 BROOKVIEW CT	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME	U00000413622	
STREET ADDRESS	02/11/06-80002-012 150.00	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: E. DePeppo Jr. 1-31-06 239-777-384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #