

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90060 039 \*\*\*150.00

**DOCUMENT # S36304**

1. Entity Name

VICTOR LEON DESIGN GROUP, INC.



Principal Place of Business

261 S. ORANGE AVE  
SARASOTA FL 34236

Mailing Address

261 S. ORANGE AVE  
SARASOTA FL 34236

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3057539

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAMBARDELLA, VICTOR L.  
6717 CARLYLE LANE  
~~SARASOTA FL 34236~~  
SARASOTA FL 34243

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, 2004 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 VP ☒ Delete  
NAME KITANOVSKI, DIANE  
STREET ADDRESS 4024 WAIKIKI DRIVE  
CITY-ST-ZIP SARASOTA FL

TITLE DP ☐ Delete  
NAME GAMBARDELLA, VICTOR L.  
STREET ADDRESS 6717 CARLYLE LANE  
CITY-ST-ZIP SARASOTA FL 34243

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 Gambardella, Kelli Jo ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 6717 Carlyle Ln  
CITY-ST-ZIP Sarasota FL 34243 President

TITLE Gambardella, Victor L. ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6717 Carlyle Ln  
CITY-ST-ZIP Sarasota FL 34243 Treasurer

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 exemption stated in Section 119.07(3)(i), 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:**

*Victor L. Gambardella*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #