


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # S36304 1. Entity Name VICTOR LEON DESIGN GROUP, INC.	
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Principal Place of Business 1642 MAIN STREET SARASOTA FL 34236	Mailing Address 1642 MAIN STREET SARASOTA FL 34236
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent

GAMBARDELLA, VICTOR L. 6717 CARLYLE LANE SARASOTA FL 34243
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7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
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City	FL	Zip Code
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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 reinstating)	DATE
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
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NAME	GAMBARDELLA, KELLI JO	
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STREET ADDRESS	6717 CARLYLE LANE	
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CITY-ST-ZIP	SARASOTA FL 34243	
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TITLE	T	<input type="checkbox"/> Delete
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NAME	GAMBARDELLA, VICTOR L.	
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STREET ADDRESS	6717 CARLYLE LANE	
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CITY-ST-ZIP	SARASOTA FL 34243	
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TITLE		<input type="checkbox"/> Delete
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NAME		
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STREET ADDRESS		
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CITY-ST-ZIP		
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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NAME		
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STREET ADDRESS		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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NAME		
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STREET ADDRESS		
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CITY-ST-ZIP		
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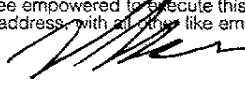
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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NAME		
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STREET ADDRESS		
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CITY-ST-ZIP		
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12. 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:  *Victor L. Gambardella* 1-24-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date