

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000064263

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: CREATIVE MINDS ENTERPRISES, INC.

**Current Principal Place of Business:**

5639 BENNINGTON DRIVE  
JACKSONVILLE, FL 32244

**New Principal Place of Business:**

**Current Mailing Address:**

5639 BENNINGTON DRIVE  
JACKSONVILLE, FL 32244

**New Mailing Address:**

P O BOX 37326  
JACKSONVILLE, FL 32236

FEI Number: 20-0034326

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUTLER, VICKIE K  
2236 LOOKING GLASS LANE  
JACKSONVILLE, FL 32210

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P ( ) Change (X) Addition  
Name: NURSE, MARCIA  
Address: 319 E CHURCH STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: VP ( ) Change (X) Addition  
Name: NURSE, CHRISTOPHER J  
Address: 319 E CHURCH STREET  
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCIA NURSE

P

04/30/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date