


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90459 024 \*\*\*150.00

**DOCUMENT # P03000095587**


1. Entity Name  
**CREATING COMMUNICATION, INC.**



Principal Place of Business      Mailing Address  
**3820 SE 109 ST**      **3820 SE 109 ST**  
**STARKE, FL 32091**      **STARKE, FL 32091**

2. Principal Place of Business ~~3820 SE 109 ST~~      3. Mailing Address  
**603 East call st**      **603 East call st**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Starke, FL**      **Starke, FL**  
 Zip      Country      Zip      Country  
**32091**      **Bradford**      **32091**      **Bradford**



04262004      Chg-P      CR2E034 (10/03)

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

**DRUMMOND, DONALD L E.A.**  
**103 EDWARDS RD**  
**STARKE, FL 32091**

4. FEI Number      Applied For  
**56-2394816**       Not Applicable.

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>Virgie Darley Vice President</b> <b>3820 SE 109th st</b> <b>Starke, FL 32091</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Jennifer Darley*      **4-29-04**      **(852) 745-1157**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #