


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000022674**

1. Entity Name  
 CREATIVE PAINTING BY FLO, INC.



Principal Place of Business      Mailing Address

5039 9TH ST N                      5039 9TH ST N  
 ST PETERSBURG, FL 33703      ST PETERSBURG, FL 33703



01032008    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 74-3114296	Applied For Not Applicable
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5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WHIPPLE, FLORENCE G  
 5039 9TH ST N  
 ST PETERSBURG, FL 33703

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT WHIPPLE, FLORENCE G 5039 9TH ST N ST PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS WATSON, COLLEEN A 5039 9TH ST N ST PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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000000775212  
 01/08/08-80020-009 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Florence G Whipple      Date: 1-3-08      Daytime Phone #: 727-560-0703  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR