


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N46914 1. Entity Name CREATE INC.	
--	---

Principal Place of Business 224 NORTH MARTIN LUTHER KING JR BLVD TALLAHASSEE, FL 32301-1061	Mailing Address 224 N MARTIN L KING BLVD TALLAHASSEE, FL 32301
---	--



05012008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3118145	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HOLMES, REV. R.B. JR.
224 NORTH MARTIN LUTHER KING JR BLVD
TALLAHASSEE, FL 32301-1061**

**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 R.B. HOLMES, JR. (NOTE: Registered Agent signature required when reinstating) DATE 5/1/08

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLMES, R B JR 2300 MONACO DR TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARTER, MATTHEW M II 1310 CHOWKEEBIN NENE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CANUP, EDWARD 217 N. MONROE STREET TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000947069
05/30/08-80075-005 61.25

**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 617, 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: R.B. HOLMES, JR. (850) 222-8440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #