



**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

01-13-2005 90001 003 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # 316045</b>		
1. Entity Name CREATIVE PRODUCTS SCREENPRINTERS, INC.		
Principal Place of Business 3001 GRANADA STREET TAMPA, FL 33629		Mailing Address 3001 GRANADA STREET TAMPA, FL 33629
<b>DO NOT WRITE IN THIS SPACE</b>		
8. Name and Address of Current Registered Agent  MASON, GEORGE 2704 JETTON AVENUE TAMPA, FL 33609		<b>DO NOT WRITE IN THIS SPACE</b>
9. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		
DATE _____		
<b>FILE NOW!! FEB IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEWIS, GARY 2524 MARYLAND AVE TAMPA, FL 33629	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROSNAN, EDWARD 407 APACHE TRAIL BRANDON, FL 33511	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
Date _____ Daytime Phone # _____		

66001311



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-1162416

Applied For  
Not Applicable

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