

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 376132 1. Entity Name CREAMER CORPORATION	
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Principal Place of Business
**338 W HWY 388
SOUTHPORT, FL 32409 US**Mailing Address
**P.O. BOX 8566
SOUTHPORT, FL 32409 US****DO NOT WRITE IN THIS SPACE**

01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1347362	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent**CREAMER, ARCHIE A
338 W HWY 388
SOUTHPORT, FL 32409****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 required to be printed name of registered agent and this if applicable (NOTE: Registered Agent signature required when new agent)**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00****9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees****10. OFFICERS AND DIRECTORS**

TITLE	PO
NAME	CREAMER ARCHIE A
STREET ADDRESS	338 W HWY 388
CITY-ST-ZIP	SOUTHPORT, FL

TITLE	STD
NAME	CREAMER LISHA
STREET ADDRESS	338 W HWY 388
CITY-ST-ZIP	SOUTHPORT, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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01/11/06-80038-012 150.00**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 807, 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: Archie A. Creamer 1-5-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #