

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 08:00 A
Secretary of State

DOCUMENT # 376132

1. Entity Name
CREAMER CORPORATION



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



03072008 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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 | PD |
| 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 | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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**DO NOT WRITE
IN THIS SPACE**

**SIGN
HERE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 419, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-08

Date

Daytime Phone #