


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # 430842
 1. Entity Name
CREATIVE IMAGES BY EL-MAX, INC.



Principal Place of Business
 2400 N W 68TH TERRACE
 GAINESVILLE, FL 32606 US

Mailing Address
 2400 NW 68 TERRACE
 GAINESVILLE, FL 32606 US

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1170036

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DAME, ELAINE W
 2400 NW 68 TERRACE
 GAINESVILLE, FL 32606

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7. This 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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DAME-WOOD, ELAINE 2400 NW 68 TER GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DAME, MAX 2400 N W 68TH TERRACE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WHITE, KATHY 1510 SUNNYHILLS DR BRANDON, FL 33510
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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 04/08/04-80019-011 158.75

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elaine W Dame 4/5/04 352-377-4825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #