

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 654743**

1. Entity Name  
**ARTISTIC FLOWERS BY GREGORY L. CREAMER, INC.**



Principal Place of Business  
**3525-49TH STREET NORTH  
ST. PETERSBURG, FL 33710**

Mailing Address  
**3525-49TH STREET NORTH  
ST. PETERSBURG, FL 33710**



01302006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2009283**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CREAMER, GREGORY L.  
556 - 17TH AVENUE N.E.  
ST. PETERSBURG, FL 33704**

**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, 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	P
NAME	CREAMER, GREGORY L.
STREET ADDRESS	556 - 17TH AVENUE N.E.
CITY - ST - ZIP	ST. PETERSBURG, FL
TITLE	ST
NAME	CREAMER, BARBARA K.
STREET ADDRESS	556 - 17TH AVENUE N.E.
CITY - ST - ZIP	ST. PETERSBURG, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000417731  
02/13/06-80068-014 150.00

**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 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:**

*Barbara Creamer* **Barbara Creamer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/30/06* **121-521-788**

Date

Daytime Phone