

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90211 018 ****70.00

DOCUMENT # 744325

1. Entity Name

CREATIVE SERVICES INCORPORATED



Principal Place of Business

2001 SW 3RD AVE
OCALA FL 34474
US

Mailing Address

P.O. BOX 2193
OCALA FL 34478
21

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1876422

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHOOK, JAMES A ESQ.
15220 NE 22ND COURT
SALT SPRINGS FL 32134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	TERNEUZEN, ROGER	
STREET ADDRESS	10192 SW 62ND TERR RD	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GODDARD, DARLENE	
STREET ADDRESS	20301 SW 86TH LOOP	
CITY-ST-ZIP	DUNNELLON FL 34431	
TITLE	S	<input type="checkbox"/> Delete
NAME	IHASZ, NANCY	
STREET ADDRESS	10320 SW 81ST TERR RD	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	T	<input type="checkbox"/> Delete
NAME	STALEY, MICHAEL B	
STREET ADDRESS	317 NE 36TH AVE	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FAIRCHILD, KELLY	
STREET ADDRESS	9160 SE 154TH LNAE	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILL, SUMMER	
STREET ADDRESS	1155 SE 95TH ST	
CITY-ST-ZIP	OCALA FL 34480	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA PAGE	
STREET ADDRESS	533 NE 39th Ave	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE ROBINSON	
STREET ADDRESS	15455 SW 35th Ave	
CITY-ST-ZIP	DUNNELLON, FL 34432	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDY SAUER	
STREET ADDRESS	632 SE 42nd Ave	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALLY ANKER	
STREET ADDRESS	8019 SW 103rd St Rd.	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID GREER	
STREET ADDRESS	1724 SE 17th Ave	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUDY DAVIS	
STREET ADDRESS	16050 SE 37th Pl	
CITY-ST-ZIP	OCALA WAHA, FL 32179	

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 617, 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:

JK Walker PhD CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/05

Date

352-622-8495

Daytime Phone #