2006 NOT-FOR-PROFIT CORPORATION

Apr 28, 2006 8:00 am Secretary of State **ANNUAL REPORT** 04-28-2006 90167 010 ****61.25 **DOCUMENT #744325** CREÁTIVE SERVICES INCORPORATED Principal Place of Business Mailing Address P.O. BOX 2193 2001 SW 3RD AVE OCALA, FL 34474 OCALA, FL 34478 Season and the season 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. 02152006 CR2E037 (11/05) City & State City & State Applied For 4. FEI Numbe 59-1876422 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHOOK, JAMES A ESQ. Street Address (P.O. Box Number is Not Acceptable) 15220 NE 222ND COURT SALT SPRINGS, FL 32134 City 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 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be \Box Trust Fund Contribution. Florida Department of State Due by May 1; 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete TITLE TITLE Change ☐ Addition Goddard Darlene TERNEUZEN, ROGER NAME NAME 10192 SW 62ND TERR RD STREET ADDRESS STREET ADDRESS U301 Sw 8612 Loop CITY-ST-ZIP OCALA, FL 34476 CITY-ST-ZIP unnellon, FL 34431 TITLE ☐ Change Addition TITLE Delete Robinson, George V. 15455 Sw 3513 Are GODDARD, DARLENE NAME NAME STREET ADDRESS 20301 SW 86TH LOOP STREET ADDRESS CITY-ST-ZIP DUNNELLON, FL 34431 CITY-ST-ZIP nnellon. ☐ Delete TITLE ☐ Change **Addition** TITLE IHASZ, NANCY John NAME NAME 5701 Sw 60E St. Rd Apt 3607 10320 SW 81ST TERR RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA, FL 34481 CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE Davis, Judy [6050 SE 371271 STALEY, MICHAEL B NAME NAME 317 NE 36TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA, FL 34470 CITY-ST-ZIP 32179

FILED

☐ Change

☐ Change

Addition

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 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.

TITLE

NAME

TITI F

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

2524 SE 302 Place

Ocala FL 34471

2818, SÉ 2413 Ave

34471

Ocala FL

Delete

Delete

PAGE, LINDA

533 NE 39TH AVE

OCALA, FL 34470

GILL, SUMMER

1155 SE 95TH ST

OCALA, FL 34480

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP