

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744325

FILED
Apr 24, 2008
Secretary of State

Entity Name: CREATIVE SERVICES INCORPORATED

Current Principal Place of Business:

2001 SW 3RD AVE
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2193
OCALA, FL 34478

New Mailing Address:

FEI Number: 59-1876422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOOK, JAMES A ESQ.
15220 NE 222ND COURT
SALT SPRINGS, FL 32134 US

Name and Address of New Registered Agent:

SHOOK, JAMES A ESQ.
22062 E HWY 316
SALT SPRINGS, FL 32134 US

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.

SIGNATURE: JAMES A. SHOOK, ESQ.

04/24/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: PAULS, JOHN A JR
Address: 5101 SW 60TH ST RD
City-St-Zip: OCALA, FL 34474 US

Title: S () Delete
Name: GODDARD, DARLENE
Address: 20301 SW 86TH LOOP
City-St-Zip: DUNNELLON, FL 34431 US

Title: T () Delete
Name: POOLI, CORY
Address: 384 SW 48TH LN
City-St-Zip: OCALA, FL 34474 US

Title: P () Delete
Name: STALEY, MICHAEL B
Address: 2001 SE 51ST TERR
City-St-Zip: OCALA, FL 34471 US

Title: D () Delete
Name: DENNIS, LORI
Address: 2520 SE 24TH AVE
City-St-Zip: OCALA, FL 34471 US

Title: D () Delete
Name: DINKINS, TONI
Address: 2918 SE 24TH AVE
City-St-Zip: OCALA, FL 34471 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: POOL, CORY
Address: 384 SW 48TH LN
City-St-Zip: OCALA, FL 34474 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CORY POOL

T

04/24/2008

Electronic Signature of Signing Officer or Director

Date