

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # F02000001330**

1. Entity Name  
**CREELMAN & ASSOCIATES, INC.**



Principal Place of Business  
**280 HARVEST RIDGE WAY  
PASO ROBLES, CA 93446**

Mailing Address  
**280 HARVEST RIDGE WAY  
PASO ROBLES, CA 93446**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number **77-0564609** Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

**REGISTERED AGENTS LEGAL SERVICES, INC.  
1333 NORTH DUVAL STREET  
TALLAHASSEE, FL 32302**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP CREELMAN, LYNN DR. 280 HARVEST RIDGE WAY PASO ROBLES, CA 93446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST LOU ANN BARTON 280 HARVEST RIDGE WAY PASO ROBLES, CA 93446
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000000120030  
04/19/04-80120-009 158.75

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/13/04

Date

8052379500

Daytime Phone #