2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000007534

1. Entity Name
CREATIVE STRUCTURES, INC.

Principal Place of Business	Mailing Address
1480 BREDA DR. KNOXVILLE, TN 37918	1480 BREDA DR. KNOXVILLE, TN 37918

DO NOT WRITE IN THIS SPACE

02072006 No Chg-P CR2E034 (11/05)

4. FEI Number
58-1525585

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEMS
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

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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 Jennifer F. Aultman Assistant Secretary 4/10/06
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

000005012190
04/25/06-80094-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	SLACK, ROBERT F.
STREET ADDRESS	1480 BREDA DR.
CITY-ST-ZIP	KNOXVILLE, TN 37918
TITLE	DV
NAME	EVANS, WILLIAM R. JR.
STREET ADDRESS	1480 BREDA DR.
CITY-ST-ZIP	KNOXVILLE, TN 37918
TITLE	DT
NAME	STEWART, TERESA
STREET ADDRESS	1480 BREDA DR.
CITY-ST-ZIP	KNOXVILLE, TN 37918
TITLE	S
NAME	SLACK, MARY P.
STREET ADDRESS	5312 ANGELES DR.
CITY-ST-ZIP	KNOXVILLE, TN 37918
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: Teresa Stewart 4-5-06 (865)689 1335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #