2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # G21283 1. Entity Name								Feb 04, 2004 08:00 AM Secretary of State				
CREATIVE CONCEPTS, INC.							3	Secretary	, or c	reacc		
Principal Place	e of Busines:	Mailin	Mailing Address			7						
% DON EMERSON, JR				% DON EMERSON, JR								
110 N.W. 2ND AVENUE GAINESVILLE FL 32601				110 N.W. 2ND AVENUE GAINESVILLE FL 32601								
2. Principal P	lace of Busin	ness_	3. Mai	3. Mailing Address								
Suite, Apt.	#, etc	Suit	Suite. Apt. #, etc.				MOORE (CR2E034	(11/03)	·		
City & State	e		City	City & State			4. !	FEI Number 59-2934285			Applied For Not Applicable	
Zip	Country		Zip	Zip Co		itry			\$8.75 A	dditional		
6. Name and Address of Current			it Registere	ed Agent		7. Name and Address of New Registered Agent						
		Name			*							
110	OON JR D AVENUE	Street Address			s (P.O. E	3ox Number is Not Acceptable						
GAINESVILLE FL 32601												
						City	City Zip Code					
8. The above	named entit	y submits this statement	for the purp	ose of changing its	register	t ed office or regis	tered ag	gent, or both, in the State of Flor	ida. Lam	familiar witi	n, and accept	
the obligat	tions of regisi	tered agent.										
SIGNATURE.	Signature, typed	for printed name of registored agor	rd and liffe if app	okcable (NOT	E, Registere	d Apeni signaliuse requ	ved when n	einstating)	DATE			
			· · · · · · · · · · · · · · · · · · ·	•		<u> </u>		<u> </u>			····	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Final Trust Fund Contribution		\$5. □ Add	00 May Be ed to Fees	
10.	RS _	11.			DOTTIONS/CHANGES TO OFFI	CERS AN	D DIRECTO	RS IN 11				
TITLE	PSTD			☐ Delete		£	00000000000000000000000000000000000000		Change			
NAME STREET ADDRESS	EMERSON, DON J DDRESS 110 NW 2ND AVE.			na T2		eet address		02/05/04-80052-025 150.00		30		
CITY-ST-ZIP	GAINESVILLE FL			3		- ST-ZIP						
TITLE				☐ Delete	HIL	E				☐ Change	Addition	
NAME CTOCKY ADDRESS						NAME STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP					-ST-ZIP							
TIFE	☐ Detete					£			··	☐ Change	☐ Addition	
NAME					Œ							
STREET ADDRESS CITY-ST-ZIP						EFT ADDRESS (-SI-ZIP						
TITLE				☐ Delete	TIBL				·	☐ Change	Addition	
NAME				<u> </u>	NAN	1						
STREET ADDRESS						EET ADDRESS						
C:TY-ST-Z:P		,			-	-ST-AP						
TRTLE NAME				☐ Delete	TIR. Nam	1				☐ Change	Addition	
STREET ADDRESS					- 3	EET ADDRESS						
CITY-ST-ZIP					CID	r-st-zip						
TITLE				☐ Delete	TITE	\{				Change	: Addition	
NAME STREET ADDRESS					nan Stri	NE EET ADDRESS						
CITY-ST-ZIP					- 1	(-ST-ZIP						
12. Thereby	certify that th	ne information supplied w	ith this filing	does not qualify fo	r the exe	emption stated in	Section	119.07(3)(i), Florida Statutes. I	further ce	ertify that the	information	
of the co- changed	rporation or t i, or on an att	rachweut with au agdiész the teceinet of tinztée ew non a zabbieureurar tebou	powered to with all ot	execute this report her like empowered	as recu	ired by Chapter (507, Flor	legal effect as if made under or rida Statutes; and that my name	appears	in Block 10	or Block 11 if	

DON EMPYSON TY

SIGNATURE: _

FILED