2005 FOR PROFIT CORPORATION * ANNUAL REPORT

FILED Mar 17, 2005 08:00 AM Secretary of State

DOCUMENT # H40855				Secretary of State		
1. Entity Nam CREATIV	PE CABINETS OF CRESTVIE	W, INC.		,		
% DAVID FO 420 JAMES 1		Mailing Address % DAVID FOUNTAIN 420 JAMES LEE BLVD.E CRESTVIEW, FL 32536				
				01252005	No Chg-P	CR2E034 (10/03)
				4. FEI Numb 59-249		Applied For Not Applicable
			- . 	5. Certificate	of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	istered Agent				
	N, DAVID IS LEE BLVD.E EW, FL 32536					
	named entity submits this statement for th	e purpose of changing its registered o	ffice or register	ed agent, or bo	th, in the State of Flori	da. I am familiar with, and accept
_	tions of registered agent.					-
SIGNATURE.	Signature, typed or printed name of registered agent and t	ille if applicable (NOTE Registered Age	ent signature required	when reinstating)		DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	9 \$5. □ Adde	00 May Be ed to Fees		
10.	OFFICERS AND DIF	ECTORS				
NAME STREET ADDRESS CITY-ST-ZIP	FOUNTAIN, DAVID 420 JAMES LEE BLVD E CRESTVIEW, FL				- Trangar	266889 80049-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U3/11/ U 5~	80049-003 15U.UU
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TITLE . NAME STREET ADDRESS CITY-ST-ZIP						
indicated	certify that the information supplied with thi i on this report or supplemental report is tru- rporation or the receiver or trustee empowe , or on an attachment with an address, with	e and accurate and that my signature red to execute this report as required to tall other like empowered.		same legal eller , Florida Statute 'A I N	es; and that my name	appears in Block 10 or Block 11 if
SIGNAT	TURE:	TED NAME OF SIGNING OFFICER OR DIRECTOR	sident_		3-14-05	8506820505 Daytime Phone #