## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mörtham 🖟

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # H59066

(1)

CREATIVE CARPENTRY, INC.

**FILED** Jun 05 1997 8:00am Secretary of State



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Principal Place of Business Mailing Address							INDAL BIBLI BIBLI	MOIT BIEN	<b>u:</b> (1) ( <b>)</b> ()	
% CHAD ANGELL % CHAD ANGELL										
4018 W CAYUN TAMPA FL 336		4013 W. CAYUGA ST TAMPA FL 33614-7050	4013 W. CAYUGA ST							
US	21♥	US 1447030				3. Date Incorporated or Qualified	3a. Date	vil act F	lonort	
						05/29/1985 05/01/1996			ioport	
2. Principal I	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Applied For			
21		26	26			59-2625235	<b>59-2625235</b> Not Applicab			
I SUITE, ADI	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional				
27						Fee Required				
City & Sta	ıt <del>e</del>	City & State	<del></del>			6. Election Campaign Financing	,			
23 Zip	Country		28			Trust Fund Contribution				
24 ZIP	Country	Zip				8. This corporation has liability for intangible tax under s. 199,032,				
24	25   9, Name and Address of (	29 Current Registered Agent	30			Florida Statutes  10. Name and Address of New Rec	Yes N			
4110		Sansak Magistolog Agent		81	Name	ID. Name and Address of New Meg	istered Age	nt		
ANG	SELL, CHAD	****								
424	) TO 1940 O TO 1944	4013 W. Cayuga St.	]	82 3	Street Addre	ess (P.O. Box Number is Not Acceptable	e)			
1 1AM	IPA FL 33614		}	83						
*			L							
4				84	City		FL®	5 Zip i	Code	
11. Pursuant	to the provisions of Sections 6	7,0502 and 607,1508, Florida Statu	tes, the ab	ove-n	amed corp	oration submits this statement for the pu	rpose of cha	<u> </u>	s registered	
agent. I a	registered agent, or both, in the am familiar with, and accept the	State of Florida, Such change was obligations of Section 607.0505, Fi	authorized arida Statu	i by th utes.	o corporati	oration submits this statement for the pu on's board of directors. I hereby accep	the appoint	nent as	registered	
SIGNATURE	1 21111	MAN IN	1	Ĵ						
	Signature, typed or printed name of registe			Agent s	ignature require	ed when reinstating)	DATE			
12.	<del>,</del>	RS AND DIRECTORS	13.		·· <del>···</del>	ADDITIONS/CHANGES TO OFFIC				
TITLE	PD DELETE		1.1 147	1.1 NTLE			LJ	Change	Addition	
NAME	ANGELL, CHAD		1.2 NAME							
STREET ADDRESS	4013 W. CAYUGA ST.		1.3 STREET ADDRESS							
CITY-ST-ZIP TITLE	TAMPA FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		iP			05	1 4 100	
NAME	VP ANGELL, ROCK	LJ billie	2.2 NAME				لبا	Change	☐ Addilion	
STREET ADDRESS	4019 W. CAYUGA ST.				nnene					
CITY-ST-ZIP	TAMPA FL		N N	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP						
TITLE	ST			3.1 TITLE				Change	Addition	
NAME	ANGELL, MARY BETH	-	3.2 NAI				_	·p ~		
STREET ADDRESS	4013 W. WAYUGA ST.			EET ADI	DRESS					
CITY-ST-ZIP	TAMPA FL			Y-S1-2	ł					
TITLE		DELETE	4.1 7(1)					Change	Addition	
NAME			4. 2 NA	ME						
STREET ADDRESS			4.3 STA	EE1 ADO	ORESS					
CITY-ST-ZIP			4.4 CIT	Y-ST-Z	ıP					
TITLE		☐ DELETE	5.1 TITU	.E				Change	☐ Addition	
NAME			5.2 NAM	ΛE					1	
STREET ADDRESS			5 3 STR	EE1 ADE	JRESS					
CITY-ST-ZIP		71870-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	5.4 CIT	/-ST-Z	Р					
TITLE		☐ DELETE	61 TiTU	E				Change	Addition	
NAME			6.2 NAN	<b>AE</b>						
STREET ADDRESS	( )	_	6.3 STR	EE1 ADD	iress				ĺ	
CITY-ST-ZIP		$\sim$	6.4 C(T)	(-ST-Zi	Р					

ling does not qualify for the exemption stated in Soction 119 07(3)(i). Florida Statutes. I further certify that the it annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that it of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name information indicated on this I am an officer or director of appears in Block 12 or Block