

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J17221

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: CREATIVE WORKSHOP STORES, INC.

**Current Principal Place of Business:**

2035 NW 13TH STREET  
GAINESVILLE, FL 32609

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 5009  
GAINESVILLE, FL 32657 US

**New Mailing Address:**

FEI Number: 59-2677826

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEWITT, JERRY M.  
2601 SW 186TH ST.  
NEWBERRY, FL 32669 US

**Name and Address of New Registered Agent:**

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.

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

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: ST ( ) Delete  
Name: LEWITT, JERRY M.,  
Address: 2601 SW 186TH ST.  
City-St-Zip: NEWBERRY, FL 32669

Title: P ( ) Delete  
Name: LEWITT, LIBBY R.,  
Address: 2601 SW 186TH ST.  
City-St-Zip: NEWBERRY, FL 32669

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIBBY LEWITT

PRES

04/29/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date