


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # J17221<br>1. Entity Name<br>CREATIVE WORKSHOP STORES, INC. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>2035 NW 13TH STREET<br>GAINESVILLE, FL 32609 | Mailing Address<br>POST OFFICE BOX 5009<br>GAINESVILLE, FL 32657 US |
|---|---|



02222005 No Chg-P CR2E034 (10/03)

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|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>59-2677826                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when rechartering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | ST<br>LEWITT, JERRY M.<br>2601 SW 186TH ST.<br>NEWBERRY, FL 32669 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>LEWITT, LIBBY R.<br>2601 SW 186TH ST.<br>NEWBERRY, FL 32669  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Libby Lewitt, President Date: 4-13-05 Daytime Phone #: 352-376-7204