
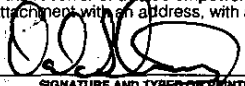


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90093 029 \*\*\*150.00

<b>DOCUMENT # J60542</b>			
1. Entity Name <b>CREATIVE CONSTRUCTION OF CHARLOTTE COUNTY, INC.</b>			
Principal Place of Business <b>22434 PEACHLAND BLVD. PORT CHARLOTTE, FL 33954 US</b>		Mailing Address <b>22434 PEACHLAND BLVD. PORT CHARLOTTE, FL 33954 US</b>	
2. Principal Place of Business <b>123. Snowden St.</b>		3. Mailing Address <b>123 Snowden St.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Port Charlotte FL.</b>		City & State <b>Port Charlotte FL.</b>	
Zip <b>33954</b>	Country <b>USA</b>	Zip <b>33954</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>OAKS, DAVID OAKS &amp; JOHNSON ATTORNEYS AT LAW 201 W MARION AVE STE 205 PUNTA GORDA, FL 33950</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P STELMASZEK, DAVID A P 22434 PEACHLAND BLVD. PORT CHARLOTTE, FL 33954</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C STELMASZEK, DAVID A C 22434 PEACHLAND BLVD. PORT CHARLOTTE, FL 33954</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V STELMASZEK, UMUT V 22434 PEACHLAND BLVD. PORT CHARLOTTE, FL 33954</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T STELMASZEK, DAVID A T 22434 PEACHLAND BLVD. PORT CHARLOTTE, FL 33954</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S STELMASZEK, UMUT S 22434 PEACHLAND BLVD. PORT CHARLOTTE, FL 33954</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		7/4/04 941-628-2664	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

54060344



07042004 Chg-P CR2E034 (10/03)

4. FEI Number **59-2806797** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required