

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90043 010 \*\*\*150.00

**DOCUMENT # J98452**

1. Entity Name  
CREATURE CASTLE, INC.



Principal Place of Business

101 S ST CLOUD AVE  
VALRICO, FL 33594

Mailing Address

2221 MALIBU DR  
BRANDON, FL 33511

40040000



**DO NOT WRITE IN THIS SPACE**

01142008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2865406

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

KRAJA, JAMES  
~~1935 W BRANDON BLVD~~ 2221 MALIBU DR  
~~BRANDON, FL 33511~~ BRANDON, FL 33511

**DO NOT WRITE  
IN THIS SPACE**

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

*[Signature]* JAMES J. KRAJA

2/22/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KRAJA, JAMES
STREET ADDRESS	2221 MALIBU DR
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	D
NAME	KRAJA, JOAN
STREET ADDRESS	2221 MALIBU DR
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*[Signature]* JOAN E. KRAJA 2/28/08 813-684-1466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #