2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # K04059

1. Entity Name
CREATIVE BODY WORKS, INC. OF PINELLAS

Principal Place of Business	Mailing Address
3888 TAMPA RD	3888 TAMPA RD
OLDSMAR, FL 34677 US	OLDSMAR, FL 34677 US

DO NOT WRITE IN THIS SPACE

01232008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-2855938		Not Applicable

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

6. Name and Address of Current Registered Agent

BAILEY, DAVID
10708 GALLOP PLACE
TAMPA, FL 33626

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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 _____

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	P
NAME	BAILEY, DAVID
STREET ADDRESS	10708 GALLOP PLACE
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	S
NAME	BAILEY, MARY
STREET ADDRESS	10708 GALLOP PLACE
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/30/08-80035-019 150.00

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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: _____ SECRETARY   1/23/08   813 855 7066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #