

FILED  
Jul 16, 2004 8:00 am  
Secretary of State

07-16-2004 90003 033 \*\*\*150.00

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # K73543

1. Entity Name  
CREATIVE IMAGES OF BREVARD, INC.



Principal Place of Business  
4315 WOODLAND PARK DR  
STE 101  
MELBOURNE, FL 32904 US

Mailing Address  
4315 WOODLAND PARK DR  
STE 101  
MELBOURNE, FL 32904 US

2. Principal Place of Business  
4325 Woodland Park Dr  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 120159  
Suite, Apt. #, etc.



07122004 Chg-P CR2E034 (10/03)

City & State  
W Melbourne FL  
Zip  
32904  
Country  
USA

City & State  
West Melbourne FL  
Zip  
32904  
Country  
USA

4. FEI Number  
59-2938197  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

HARRISON, KRISTINA R.  
3200 BIRD SONG CT  
MELBOURNE, FL 32934

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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  
Due by September 8, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 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	<input type="checkbox"/> Delete
	D HARRISON, KRISTINA, R	3200 BIRD SONG CT	MELBOURNE, FL 32934	<input type="checkbox"/>
	D HARRISON, TERRY L.	3200 BIRD SONG CT	MELBOURNE, FL 32934	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kristina R Harrison  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/04 321-254-9169  
Date Daytime Phone #

Kristina R. Harrison

# 803 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Attachment  
44049067

UICKCO  
AV

DOCUMENT # **K73543**

1. Entity Name  
CREATIVE IMAGES OF BREVARD, INC.



Principal Place of Business

~~430-A FORTUNE PLACE  
W MELBOURNE FL 32904~~

Mailing Address

~~430-A FORTUNE PLACE  
W MELBOURNE FL 32904  
US~~

Principal Place of Business

~~4315 Woodland Park Dr  
Suite Apt. A 101  
Suite 101~~

Mailing Address

~~4315 Woodland Park Dr.  
Suite Apt. #, etc.  
Suite 101~~

City & State

~~West Melbourne, FL~~

City & State

~~West Melbourne FL~~

Zip

~~32904~~

Country

~~USA~~

Zip

~~32904~~

Country

~~USA~~

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-2938197

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARRISON, KRISTINA R.  
3200 BIRD SONG CT  
MELBOURNE FL 32934

P.O. Box 120159  
West Melbourne  
FL 32904

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HARRISON, KRISTINA, R	
STREET ADDRESS	3200 BIRD SONG CT	
CITY - ST - ZIP	MELBOURNE FL 32934	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRISON, TERRY L.	
STREET ADDRESS	3200 BIRD SONG CT	
CITY - ST - ZIP	MELBOURNE FL 32934	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 807, 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/03

321-725-6006

Date

Daytime Phone # X 446



[ creativeimages ]

Attachment  
44049067

July 12, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6198

Dear Sir or Madam:

I have just received a Notice of Intent to Dissolve my corporation, Creative Images of Brevard, Inc. I have enclosed check # 13923 for \$150.00 to cover the corporate filing fee. This letter is to inform you that I never received the 2004 Annual Report/Document #K73543.

Please note I have fought numerous disasters within my staff and I am fighting just to keep the business going. Within a six month timeframe my art director's (Bill Turner) wife suffered a brain aneurysm, my salesman (Bob Leas) had a devastating heart attack and had a heart transplant in December, and, my husband, the Vice President of the company, was involved in a head-on collision (hit by a drunk driver). He has gone through one surgery and is facing two more. The multiple horrendous medical challenges had made it impossible to continue business as the past fifteen years. I had to lay off the remaining staff. A few of my past employees are doing free lance work for me to continue the projects that were in-house. I had to get a consulting job, which allows me to conduct my company's business within their office. Almost all assets have been sold. Except for a few computers and two leases that remain, we have a very limited company core right now until we can rebuild.

We had to move all correspondence to a mailbox; our mailing address is P.O. Box 120159, West Melbourne, FL 32904. I did not receive the 2004 Annual Report/Document #K73543 in the mail. I did not think to send a change of address and for some reason it was not forwarded. I did send in the fee of \$150 on 3/9/04 with just a copy of the last year's report. I did not realize that the payment was not accepted until I received the Notice of Intent to Dissolve. I am resubmitting a new check and the submit form downloaded from the Internet. Please accept this payment and waive any late fees. If you check my past history, you will see I have always filed on time since we incorporated the business in 1989.

If there are any questions, please leave a message at 321-254-9169 or if you must speak to me, you may reach me on my cell phone at 321-698-6101.

Thank you for your help,

Tina Harrison, President

Attachment  
44049067  
# K73543

Copy TR# 7/12/04

One Hundred Fifty and No/100 Dollars

Date  
3/9/04

Amount  
\$150.00

Florida Depart of State

Memo: Corporate filing

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Florida Depart of State	13304	3/9/04	\$150.00
Corporate filing Account Detail:	6-1090 Professional Fees		\$150.00

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Florida Depart of State	13304	3/9/04	\$150.00
Corporate filing Account Detail:	6-1090 Professional Fees		\$150.00