

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K75105

FILED
Apr 26, 2005
Secretary of State

Entity Name: SHIRLEY/HUTCHINSON CREATIVWORKS, INC.

Current Principal Place of Business:

707 N. FRANKLIN ST.
SUITE 100
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

% JOHN D. SHIRLEY, SR.
100 NORTH SPRING TRAIL
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 65-0084298

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIRLEY, JOHN D., SR.
100 NORTH SPRING TRAIL
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HUTCHINSON, JAMES F.,
Address: 301 WEST HENRY AVENUE
City-St-Zip: TAMPA, FL

Title: DV () Delete
Name: SHIRLEY, JOHN D., JR.,
Address: 1000 SOUTH HARBOR ISLAND, SUITE 2509
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN SHIRLEY SR.

MR.

04/26/2005

Electronic Signature of Signing Officer or Director

_____ Date