

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L11045

1. Entity Name
CREATIVE ASSETS CORPORATION



Principal Place of Business
**2400 WINDING CREEK BLVD.
20-B/204
CLEARWATER, FL 34621**

Mailing Address
**PO BOX 4578
CLEARWATER, FL 33758**



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2963724 Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STOTT, JOHN M
983 RIDGEWOOD TERR
TARPON SPRINGS, FL 34689**

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

John M. Stott

01. 04. 06

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
TODOROFF, JOHN L.
2400 WINDING CREEK BLVD 20B/204
CLEARWATER, FL 33761**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

U00000399903
02/01/06-80032-004 150.00

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John L. Todoroff 01. 04. 06 727-797-7786

Date

Daytime Phone #