

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90029 038 ****61.25

DOCUMENT # N03000006944 1. Entity Name CREATIVETAMPABAY, INC.																																																																																																																													
Principal Place of Business 3809 W. CORONA ST. TAMPA, FL 33629				Mailing Address 3809 W. CORONA ST. TAMPA, FL 33629																																																																																																																									
2. Principal Place of Business		3. Mailing Address 16406 Avila Blvd																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc. Tampa, Florida																																																																																																																											
City & State		City & State Tampa, Florida																																																																																																																											
Zip 33613	Country USA	4. FEI Number 37-1472868		Applied For ☐ Not Applicable																																																																																																																									
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																																																																																																																											
6. Name and Address of Current Registered Agent CHRISTALDI, RONALD A 101 E. KENNEDY BLVD., SUITE 3400 TAMPA, FL 33602			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 re-electing)																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																																																																																																																									
State check payable to Florida Department of State																																																																																																																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>D TALBOT, DEBORAH (Chairman)</td> <td>☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td>16406 AVILA BLVD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33613</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>D ROBERTS, DEANNE</td> <td>☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td>5405 CYPRESS CENTER DR., SUITE 250</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 336091025</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>D TIDMORE, SIGRID</td> <td>☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td>3809 W. CORONA ST.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33629</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>D RASHILL, KAREN</td> <td>☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td>4300 W. CYPRESS ST., SUITE 250</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33607</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>D BAUER, MICHELLE</td> <td>☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td>805 WYNGATE CT.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SAFETY HARBOR, FL 34895</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>See attached for full board.</td> <td>☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>☐ ☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>☐ ☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>☐ ☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>☐ ☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	NAME	Delete	NAME	D TALBOT, DEBORAH (Chairman)	☐	STREET ADDRESS	16406 AVILA BLVD.		CITY-ST-ZIP	TAMPA, FL 33613		TITLE	NAME	Delete	NAME	D ROBERTS, DEANNE	☐	STREET ADDRESS	5405 CYPRESS CENTER DR., SUITE 250		CITY-ST-ZIP	TAMPA, FL 336091025		TITLE	NAME	Delete	NAME	D TIDMORE, SIGRID	☐	STREET ADDRESS	3809 W. CORONA ST.		CITY-ST-ZIP	TAMPA, FL 33629		TITLE	NAME	Delete	NAME	D RASHILL, KAREN	☐	STREET ADDRESS	4300 W. CYPRESS ST., SUITE 250		CITY-ST-ZIP	TAMPA, FL 33607		TITLE	NAME	Delete	NAME	D BAUER, MICHELLE	☐	STREET ADDRESS	805 WYNGATE CT.		CITY-ST-ZIP	SAFETY HARBOR, FL 34895		TITLE	NAME	Delete	NAME	See attached for full board.	☐	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change Addition	NAME		☐ ☐	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change Addition	NAME		☐ ☐	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change Addition	NAME		☐ ☐	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change Addition	NAME		☐ ☐	STREET ADDRESS			CITY-ST-ZIP		
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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 617, 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 life empowered.																																																																																																																													
SIGNATURE: _____ January 12, 2005 813961-5480 Signature, typed or printed name of signing officer or director Date Daytime Phone #																																																																																																																													

40001913



01112005 Chg-NP CR2E037 (10/03)

ATTACHMENT



**CREATIVE
TAMPA BAY**

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#N03000006944

2005 Board of Directors

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