2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2007 8:00 am Secretary of State

DOCUMENT # N0300006944 1. Entity Name CREATIVETAMPABAY, INC.						•		_	031 ****61		
Principal Place of Business Mailing Address 3809 W. CORONA ST. 16406 AVILA BLVD TAMPA, FL 33629 TAMPA, FL 33613						*					
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Principal Place of Business - No P.O. Box # 3. Mailing Advantage											
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			42007	Chg-NP	CR2	E037 (12/06)		
City & State		City & State			1 Numbe 7-1472			 	pplied For ot Applicable		
Zip	Country	Zip	Coun	ntry	5 . Ce	ertificate	of Status Desir	red 🔲	\$8.75 Ad	ditional	
	6. Name and Address of Current R	Registered Agent			7. Na	me and	Address of N	ew Register	<u> </u>	- 	
CHRISTA	LDI, RONALD A		•	Name							
101 E. KENNEDY BLVD., SUITE 3400 TAMPA, FL 33602			-	Street Address (P.O. Box Number is Not Acceptable)							
			r	City				· · · · · · · · · · · · · · · · · · ·	Zip Cod	de e	
8. The above the obliga	e named entity submits this statement for tions of registered agent.	the purpose of changing i	ts registered	d office or i	registered ager	nt, or bot	h, in the State	of Florida, I	am familiar with,	and accept	
CIONATION											
I SIGNATURE											
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NO	OTE: Registered A	Agent signatur	re required when rein	stating)		DA	TE		
SIGNATURE		9. Election Ca		nancing	\$5.00	stating) O May Be to Fees	9	Make ch	neck payable t		
10.	Signature, typed or printed name of registered agent at Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIRE	9. Election Ca Trust Fund	ampaign Fin	nancing	\$5.00 Added	May Bo		Make ch Florida De	eck payable t	tate	
	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIRI CD TALBOT, DEBORAH 16406 AVILA BLVD.	9. Election Ca Trust Fund	ampaign Fin I Contribution 11. TITLE NAME STREET	nancing on. [S5.00 Added ADDITION TREAS W JANN 718 5.	May But to Fees	WGES TO OFF	Make ch Florida De FICERS AND	eck payable t partment of S	tate	
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12. I nereby certify that the information supplied with this filling 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 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 like empowered.

SIGNATURE POLL COL VILLUS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/07

813-254 1700

Date

Daytime Phone #