

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000006424

1. Entity Name
CREATIONS OF IMAGINATION, INC.



Principal Place of Business
**910 EASTSHORE CR.
STOKESDALE, NC 27357**

Mailing Address
**910 EASTSHORE CR
STOKESDALE, NC 27357**



01052008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**A1A REGISTERED AGENT INC.
92 SADBERRY RD.
QUINCY, FL 32351**

**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

(NOTE: Registered Agent signature required when renewing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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
**DP
WESTALL, SANDRA T
910 EASTSHORE CR.
STOKESDALE, NC 27357**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
COLE-WOOD, MARY L
8082 SW 173RD TERRACE
VILLAGE OF PALMETTO BAY, FL 33157**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
WESTALL, ROBERT T
3308 MILL SPRING COURT
GREENSBORO, NC 27410**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000791126
01/23/08-80061-018 70.00

**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 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:

Sandra Westall
Sandra Westall
Director

1-19-08 336-7876440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #