

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 30, 2008 8:00 am**  
**Secretary of State**

05-30-2008 90214 049 \*\*\*\*70.00

|                                                 |                                                                                   |
|-------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N06000005867</b>                  |  |
| 1. Entity Name<br><b>CREATIVE SANFORD, INC.</b> |                                                                                   |

|                                                                                   |                                                                       |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place of Business<br><b>211 EAST FIRST STREET<br/>SANFORD, FL 32771</b> | Mailing Address<br><b>211 EAST FIRST STREET<br/>SANFORD, FL 32771</b> |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|



04292008 No Chg-NP CR2E037 (4/08)

|                                                                      |                                                        |
|----------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>20-5793978</b>                                   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>                  |

|                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><b>SHARP, DUDLEY Q JR.<br/>369 NORTH NEW YORK AVENUE<br/>3RD FLOOR<br/>WINTER PARK, FL 32789</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|

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 reinstating)

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PO<br>TAYLOR, JEANINE<br>211 EAST FIRST STREET<br>SANFORD, FL 32771                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>MARIS, ROBYN Linda Hollerbach<br>211 EAST FIRST STREET<br>SANFORD, FL 32771                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>TEMPLE, LEONARD<br>703 S. OAK AVE<br>SANFORD, FL 32771                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>PEPE, MARY Debra Harris<br>608 S. PALMETTO AVE 703 S. Oak Ave<br>SANFORD, FL 32771 Sanford, FL 32771 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                           |

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

*Leonard Temple*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-08

Date

407 733 2552

Daytime Phone #