## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000003846

FILED Mar 02, 2006 Secretary of State

Entity Name: CREATIVE JUICES OF LAKE COUNTY, INC.

Current Principal Place of Business:	New Principal Place of Business:

25900 U.S. HWY. 27 S. 2301 SOUTH ST. LEESBURG, FL 34748 LEESBURG, FL 34748

Current Mailing Address: New Mailing Address:

25900 U.S. HWY. 27 S. 2301 SOUTH ST. LEESBURG, FL 34748 LEESBURG, FL 34748

FEI Number: 59-3135904 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MATHENY, MIKE
25900 U.S. HWY. 27 S.
LEESBURG, FL 34748 US

MATHENY, MIKE
2301 SOUTH ST.
LEESBURG, FL 34748

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.

SIGNATURE: 03/02/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

Fitle: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 MATHENY, MIKE
 Name:
 MATHENY, MIKE

 Address:
 25900 U.S. HWY. 27 S.
 Address:
 2301 SOUTH ST.

 City-St-Zip:
 LEESBURG, FL 34748
 City-St-Zip:
 LEESBURG, FL 34748

Title: VPD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SALAS, TONY
 Name:

 Address:
 4001 PICCIOLA RD
 Address:

 City-St-Zip:
 FRUITLAND PARK, FL 34731
 City-St-Zip:

Title: DT () Delete Title: () Change () Addition

 Name:
 MORRISON, SUSIE
 Name:

 Address:
 1005 W. MAIN STREET
 Address:

 City-St-Zip:
 LEESBURG, FL 34748
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE MATHENY D 03/02/2006