

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90017 039 \*\*\*150.00

<b>DOCUMENT # P00000005798</b> 1. Entity Name <b>CREATIVE PAGES, INC.</b>					
Principal Place of Business <b>1258 BARBARA ROAD</b> <b>#207</b> <b>VENICE, FL 34292-2113 US</b>			Mailing Address <b>1258 BARBARA ROAD</b> <b>#207</b> <b>VENICE, FL 34292-2113 US</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip <b>34285</b> Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip <b>34285</b> Country		
4. FEI Number <b>65-0852694</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>PATTEN, JOHN</b> <b>1258 BARBARA DR</b> <b>#207</b> <b>VENICE, FL 34292</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State <b>FL</b> Zip Code <b>34285</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PATTEN, JOHN</b> <b>1258 BARBARA DR #207</b> <b>VENICE, FL <del>34292</del> 34285</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SAME, EXCEPT FOR NEW ZIP CODE → 34285</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>VINESKI, LARRY</b> <b>2890 IDA LN</b> <b>NORTH PORT, FL 34286</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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 employment.					
SIGNATURE: <u>John Patten</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>04/07/04</u> Daytime Phone #		