


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

06-13-2005 90006 040 ***150.00

07-05-2005 90119 003 ***400.00

DOCUMENT # P00000025899					
1. Entity Name CREATIVE SOLUTIONS OF CENTRAL FLORIDA, INC.					
Principal Place of Business 2582 S MAGUIRE ROAD #141 OCOE, FL 34761			Mailing Address 2582 S MAGUIRE ROAD #141 OCOE, FL 34761		
2. Principal Place of Business Same As Above			3. Mailing Address Same As Above		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3701624	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICH, STARR V 13234 SUBURBAN TERRACE WINTER GARDEN, FL 34787				7. Name and Address of New Registered Agent Starr V. Rich Street Address (P.O. Box Number Is Not Acceptable) 1919 E South Street City Orlando FL Zip Code 32801	
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 Starr V. Rich DATE 6/7/05 <small>(Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	P ENG. ROBERT C 2582 S MAGUIRE ROAD #141 OCOE, FL 34761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 empowered.					
SIGNATURE: [Signature]			DATE: 6/7/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		

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05232005 Chg-P CR2E034 (10/03)