

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000059000

Entity Name: CREATIVE LOAFING, INC.

FILED
Jan 04, 2005
Secretary of State

Current Principal Place of Business:

1310 E 9TH AVENUE
TAMPA, FL 33605

New Principal Place of Business:

810 N HOWARD AVE
TAMPA, FL 33606

Current Mailing Address:

1310 E 9TH AVENUE
TAMPA, FL 33605

New Mailing Address:

810 N HOWARD AVE
TAMPA, FL 33606

FEI Number: 59-3671415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EASON, BENJAMIN A
1310 E 9TH AVENUE
TAMPA, FL 33605 US

Name and Address of New Registered Agent:

EASON, BENJAMIN A
810 N HOWARD AVE
TAMPA, FL 33606 US

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:

01/04/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: EASON, BENJAMIN A
Address: 1310 E 9TH AVENUE
City-St-Zip: TAMPA, FL 33605

Title: T () Delete
Name: LAFON, ANGELA C
Address: 1310 E. 9TH AVE.
City-St-Zip: TAMPA, FL 33605

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: EASON, BENJAMIN A
Address: 810 N HOWARD AVE
City-St-Zip: TAMPA, FL 33606

Title: T (X) Change () Addition
Name: LAFON, ANGELA C
Address: 810 N HOWARD AVE
City-St-Zip: TAMPA, FL 33606

Title: S () Change (X) Addition
Name: EASON, TAYLOR
Address: 810 N HOWARD AVE
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA LAFON

T

01/04/2005

Electronic Signature of Signing Officer or Director

Date