

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90003 009 \*\*\*150.00

**DOCUMENT #P00000082524**

1. Entity Name  
**AUSTRALIAN CREATIONS CORPORATION**



Principal Place of Business  
**165 2ND AVE NTH  
SAINT PETERSBURG, FL 33701**

Mailing Address  
**165 2ND AVE NTH  
SAINT PETERSBURG, FL 33701**

**54024392**



2. Principal Place of Business

3. Mailing Address  
**5401 Central Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222004

Chg-P

CR2E034 (10/03)

City & State

City & State  
**St. Petersburg, FL**

4. FEI Number

**59-3668351**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33701**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KENDALL, ANETTE  
ACCOUNTING CONSULTANTS  
5401 CENTRAL AVENUE  
ST. PETERSBURG, FL 33707**

Name  
**Carol McAtee, CPA**

Street Address (P.O. Box Number is Not Acceptable)  
**5401 Central Ave.**

City **St. Petersburg** **FL** Zip Code **33710**

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

*Carol M. Atte*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

*3/22/04*

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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  
**PSD  
PRESTON, MICHELE  
165 2ND AVE NTH  
SAINT PETERSBURG, FL 33701** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VPTD  
BLACK, RODNEY  
165 2ND AVE NTH  
SAINT PETERSBURG, FL 33701** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*26th March 2004 727-8223136*

Date

Daytime Phone #