



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 02, 2005 8:00 am**  
**Secretary of State**

08-02-2005 90030 039 \*\*\*150.00

|   |                                     |                     |   |   |  |
|---|-------------------------------------|---------------------|---|---|--|
| <b>DOCUMENT # P01000081577</b><br>1. Entity Name<br><b>CREATIVE INVESTMENTS PROFESSIONAL ASSOCIATES, INC.</b>   |                                     |                     |   |                |  |
| Principal Place of Business<br><b>22212 MONTROSE AVE<br/>PORT CHARLOTTE, FL 33952</b>   |                                     |                     | Mailing Address<br><b>PO BOX 510277<br/>PUNTA GORDA, FL 33951</b>   |   |  |
| 2. Principal Place of Business  |                                     | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.   |                                     | Suite, Apt. #, etc. |   |   |  |
| City & State  |                                     | City & State        |   | 4. FEI Number<br><b>65-1131956</b>  |  |
| Zip   |                                     | Country             |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent   |                                     |                     |   | 7. Name and Address of New Registered Agent   |  |
| <b>MATTHEW, JAMES R<br/>22212 MONTROSE AVE<br/>PORT CHARLOTTE, FL 33952</b>   |                                     |                     |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code           |  |
| 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 \$550.00<br/>Due by September 7, 2005</b>   |                                     |                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |
| 10. OFFICERS AND DIRECTORS  |                                     |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE   | PSD <input type="checkbox"/> Delete |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  | <b>MARSHALL, PAUL G</b>             |                     | NAME  |   |  |
| STREET ADDRESS  | <b>PO BOX 510277</b>                |                     | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | <b>PUNTA GORDA, FL 33951</b>        |                     | CITY-ST-ZIP   |   |  |
| TITLE   | VTD <input type="checkbox"/> Delete |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  | <b>MATTHEW, JAMES R</b>             |                     | NAME  |   |  |
| STREET ADDRESS  | <b>22212 MONTROSE AVE</b>           |                     | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | <b>PORT CHARLOTTE, FL 33952</b>     |                     | CITY-ST-ZIP   |   |  |
| TITLE   | VD <input type="checkbox"/> Delete  |                     | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                    |  |
| NAME  | <b>MARSHALL, PHILLIP G</b>          |                     | NAME  |   |  |
| STREET ADDRESS  | <b>17134 HEART OF PALMS DR</b>      |                     | STREET ADDRESS  | <b>1432 Plantation Circle, #1910</b>  |  |
| CITY-ST-ZIP   | <b>TAMPA, FL 33647</b>              |                     | CITY-ST-ZIP   | <b>Plant City, FL 33566</b>   |  |
| TITLE   | <input type="checkbox"/> Delete     |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  |                                     |                     | NAME  |   |  |
| STREET ADDRESS  |                                     |                     | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                                     |                     | CITY-ST-ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete     |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  |                                     |                     | NAME  |   |  |
| STREET ADDRESS  |                                     |                     | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                                     |                     | CITY-ST-ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete     |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  |                                     |                     | NAME  |   |  |
| STREET ADDRESS  |                                     |                     | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                                     |                     | CITY-ST-ZIP   |   |  |
| 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:   |                                     |                     | Date: <b>7/27/05</b> Daytime Phone #: <b>941-639-1100</b>   |   |  |

**50059112**

