

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90729 022 \*\*\*150.00

**DOCUMENT # P01000086326**

1. Entity Name

CREED INK, INC.



Principal Place of Business

2813 S. HIAWASSEE RD.  
SUITE 305  
ORLANDO FL 32835

Mailing Address

2813 S. HIAWASSEE RD.  
SUITE 305  
ORLANDO FL 32835

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MCNEELY, ROBERT A ESQ.  
215 SOUTH MONROE ST., STE. 600  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

GARY WHITEHEAD

Street Address (P.O. Box Number is Not Acceptable)

2813 S. HIAWASSEE RD

City

ORLANDO

FL

Zip Code

32835

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME STAPP, SCOTT  
STREET ADDRESS 15 SOUTH ORANGE AVE.  
CITY-ST-ZIP ORLANDO FL 32801

TITLE D ☐ Delete  
NAME TREMONTI, MARK  
STREET ADDRESS 15 SOUTH ORANGE AVE.  
CITY-ST-ZIP ORLANDO FL 32801

TITLE D ☐ Delete  
NAME PHILLIPS, SCOTT  
STREET ADDRESS 15 SOUTH ORANGE AVE.  
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2813 S. HIAWASSEE RD, Ste 305  
CITY-ST-ZIP ORLANDO, FL 32835

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/04 407 794.2572