

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-20-2004 90011 029 \*\*\*150.00

<b>DOCUMENT # P01000098397</b>					
<b>1. Entity Name</b> <b>CREATIVE IMPRESSIONS, INC.</b>					
<b>Principal Place of Business</b> <b>4550 CHIPMUNK RD., MIDDLEBERG</b> <b>JACKSONVILLE, FL 32068</b>			<b>Mailing Address</b> <b>4550 CHIPMUNK RD., MIDDLEBERG</b> <b>JACKSONVILLE, FL 32068</b>		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> <b>4550 CHIPMUNK Rd.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Middleburg, FL</b>		<b>4. FEI Number</b> <b>59-3751659</b>	
Zip		Country		Zip <b>32068</b>	
City <b>32068</b>		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>HEEKIN, T. GEOFFREY ESQ</b> <b>ONE INDEPENDENT DR., STE. 2200</b> <b>JACKSONVILLE, FL 32202</b>				<b>7. Name and Address of New Registered Agent</b>	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>					
<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> <b>D</b>	<input type="checkbox"/> Delete				
<b>NAME</b> <b>PIKE, JENNIFER B</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>STREET ADDRESS</b> <b>4550 CHIPMUNK RD.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>CITY - ST - ZIP</b> <b>MIDDLEBERG, FL 32068</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
<b>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.</b>					
<b>SIGNATURE:</b> <u>Jennifer B Pike</u> <b>Jennifer B Pike</b> <b>Feb/19/04</b> <b>904 338-8809</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					