


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000098397 1. Entity Name CREATIVE IMPRESSIONS, INC.	
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Principal Place of Business 4550 CHIPMUNK RD MIDDLEBERG, FL 32068	Mailing Address 4550 CHIPMUNK RD MIDDLEBERG, FL 32068
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DO NOT WRITE IN THIS SPACE



01162006 No Chg-P CR2ED34 (11/05)

4. FEI Number 59-3751659	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEEKIN, T. GEOFFREY ESQ
ONE INDEPENDENT DR., STE. 2200
JACKSONVILLE, FL 32202

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6. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PIKE, JENNIFER B 4550 CHIPMUNK RD. MIDDLEBERG, FL 32068
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Jennifer Pike Jennifer Pike 1/31/06 904 338-8801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #