


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90440 037 ***158.75

DOCUMENT # P02000003135	
1. Entity Name CREATIVE CONSTRUCTION BY C & C, INC.	

Principal Place of Business 2636 LOMA LINDA STREET SARASOTA, FL 34239	Mailing Address 2636 LOMA LINDA STREET SARASOTA, FL 34239
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94065214

2. Principal Place of Business 6717 Willow Pond Lane Suite, Apt. #, etc.	3. Mailing Address 2069 Cornelius Blvd Suite, Apt. #, etc.
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02112004 Chg-P CR2E034 (10/03)

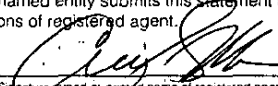
City & State Sarasota Florida	City & State Port Charlotte, Florida
Zip 34240	Zip 33953
Country	Country

4. FEI Number 26-0007343	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MASSE, CRAIG S 2636 LOMA VISTA ST SARASOTA, FL 34239	7. Name and Address of New Registered Agent Name Masse, Craig S Street Address (P.O. Box Number is Not Acceptable) 6717 Willow Pond Lane City Sarasota FL Zip Code 34240
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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.

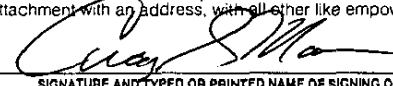
SIGNATURE  **Craig S. Masse, President** DATE **4-22-04**

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, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASSE, CRAIG S 2636 LOMA LINDA STREET SARASOTA, FL 34239 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Masse, Craig S 6717 Willow Pond Lane Sarasota, FL 34240 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BACKLUND, CHRISTINE 2636 LOMA LINDA STREET SARASOTA, FL 34239 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD masse, Christine 6717 Willow Pond Lane Sarasota, FL 34240 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MASSE, DAVID 2636 LOMA LINDA STREET SARASOTA, FL 34239 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Masse, David 6717 Willow Pond Lane Sarasota, FL 34240 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Craig S. Masse** DATE **4-22-04** DAYTIME PHONE # **941-266-7313**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

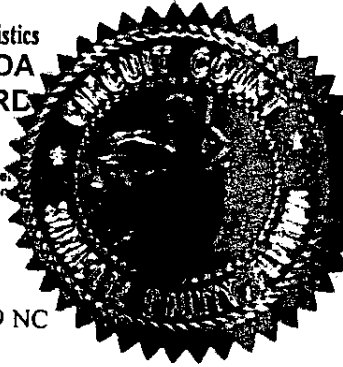
Attachments- P02000003135

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD

TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Circuit or County Court, appears thereon

(STATE FILE NUMBER)



STATE OF FLORIDA, COUNTY OF SARASOTA
I hereby certify that the foregoing is a true and correct copy
pages 1 through 1 of the instrument filed in
this office. The original instrument filed contains 1
pages.

☒ This copy has no redactions. ☐ This copy has been redacted pursuant to law.

Witness my hand and official seal this 1th day of

February, 2003

KAREN E. RUSHING, CLERK OF THE CIRCUIT COURT

By: [Signature]
Deputy Clerk

2003 ML 000019 NC

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) CRAIG STEVEN MASSE			2. DATE OF BIRTH (Month, Day, Year) 10/13/1960		
3a. RESIDENCE - CITY, TOWN, OR LOCATION SARASOTA		3b. COUNTY SARASOTA	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) NEW YORK	
5a. BRIDE'S NAME (First, Middle, Last) CHRISTINE BACKLUND			5b. MAIDEN SURNAME (if different) BACKLUND		6. DATE OF BIRTH (Month, Day, Year) 06/13/1965
7a. RESIDENCE - CITY, TOWN, OR LOCATION SARASOTA		7b. COUNTY SARASOTA	7c. STATE FLORIDA	8. BIRTHPLACE (State or Foreign Country) CONNECTICUT	

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <u>[Signature]</u>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 1/3/2003	
11. TITLE OF OFFICIAL DEPUTY CLERK		12. SIGNATURE OF OFFICIAL (Use black ink) <u>[Signature]</u>	
13. SIGNATURE OF BRIDE (Sign full name using black ink) <u>[Signature]</u>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 1/3/2003	
15. TITLE OF OFFICIAL DEPUTY CLERK		16. SIGNATURE OF OFFICIAL (Use black ink) <u>[Signature]</u>	

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE SARASOTA	18. DATE LICENSE ISSUED 01/03/2003	18a. DATE LICENSE EFFECTIVE 01/06/2003	19. EXPIRATION DATE 03/07/2003
20a. SIGNATURE OF COURT CLERK OR JUDGE <u>[Signature]</u>		20b. TITLE KAREN RUSHING, CLERK CIRCUIT COURT	20c. BY D.C. NA

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) 2/1/2003		22. CITY, TOWN, OR LOCATION OF MARRIAGE Sarasota	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <u>[Signature]</u>		23c. ADDRESS (Of person performing ceremony) 641 Oak Ford Rd.	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY Margaret Van Fleet Notary Public - State of Florida My Commission Expires Jan 8, 2007 Commission # DD176275 Bonded By National Notary Assn.		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <u>[Signature]</u>	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <u>[Signature]</u>	

SEAL

46/263

26. SOCIAL SECURITY NUMBER GROOM 078-56-5951		27. RACE White	28. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF ANSWER IS YES TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, and 29c	
				29a. NO. OF THIS MARRIAGE 2	29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) Divorce
					29c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) 09/10/2002
30. SOCIAL SECURITY NUMBER BRIDE 049-62-4624		31. RACE White	32. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF ANSWER IS YES TO ITEM 32, THEN COMPLETE ITEMS 33a, 33b, and 33c	
				33a. NO. OF THIS MARRIAGE 2	33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) Divorce
					33c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) 06/14/2000