

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90273 046 ***158.75

DOCUMENT # P02000003135 1. Entity Name CREATIVE CONSTRUCTION BY C & C, INC.					
Principal Place of Business 6717 WILLOW POND LANE SARASOTA, FL 34240			Mailing Address 2069 CORNELIUS BLVD PORT CHARLOTTE, FL 33953		
2. Principal Place of Business 2069 Cornelius Blvd Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Port Charlotte, Florida Zip 33953 Country Charlotte		City & State Zip Country		4. FEI Number 26-0007343	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MASSE, CRAIG S 6717 WILLOW POND LANE SARASOTA, FL 34240			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2069 Cornelius Blvd City Port Charlotte FL Zip Code 33953		
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 re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASSE, CRAIG S 6717 WILLOW POND LANE SARASOTA, FL 34240	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BACKLUND, CHRISTINE 6717 WILLOW POND LANE SARASOTA, FL 34240	<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"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>Christine Masse</u> 4/19/05 941-764-1811 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Case: 2003 ML 000019 NC
2003-2826-25
DATE: MAR 04 09:21
BY: MARCARET

ATTACHMENT 02000003135/2004/404
(STATE FILE NUMBER)

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



2003 ML 000019 NC

STATE OF FLORIDA, COUNTY OF SARASOTA
I hereby certify that the foregoing is a true and correct copy
of the original filed in my office, and that the
original is retained in my office.

This copy has no legal effect. This copy has been
reduced pursuant to law.

Witness my hand and official seal this 7th day of
February, 2003.
KAREN RUSHING, CLERK OF THE CIRCUIT COURT
By: R. E. S.
Deputy Clerk

(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	5 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
OR 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>Craig S. Masse</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>Karen Rushing</u>
13 SIGNATURE OF BRIDE (Sign full name using black ink) <u>Christine Backlund</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>Karen Rushing</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>Karen Rushing</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>Margaret Van Fleet</u>	23c ADDRESS (Of person performing ceremony) 641 Oak Field 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 Issued By National Notary Assn.	24 SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <u>John Smith</u>
	25 SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <u>John Smith</u>

SEAL

46/263

STATISTICS ONLY - NOT TO BE RECORDED					
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	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	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