2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000042145

1. Entity Name
CREATIVE SPACE OF NW FLORIDA INCORPORATED

Principal Place of Business	Mailing Address
4186 GULF BREEZE PKWY	4186 GULF BREEZE PKWY
GULF BREEZE, FL 32561	GULF BREEZE, FL 32561

DO NOT WRITE IN THIS SPACE

03072005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
04-3646594	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FOUNTAIN LAW FIRM, P.A.
2045 FOUNTAIN PROFESSIONAL CT., STE. A
NAVARRE, FL 32566

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IN THIS SPACE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000260793
03/12/05-80038-018 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	ROBINSON, KENNETH
STREET ADDRESS	2713 AVENIDA DE SOTO
CITY-ST-ZIP	NAVARRE, FL 32566

TITLE	DP
NAME	SMITH, STANLEY A
STREET ADDRESS	3007 MIMOSA DRIVE
CITY-ST-ZIP	DOTHAN, AL 36301

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
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: _Stanley A Smith_   3-8-05   850-934-5432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #