


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90085 032 \*\*\*150.00

**DOCUMENT # P02000052157**

1. Entity Name  
 THE CREATIVE SPECTRUM OF NAPLES, INC.



Principal Place of Business: 5019 ECLIPSE CT. NAPLES, FL 34104

Mailing Address: 5019 ECLIPSE CT. NAPLES, FL 34104

**50033169**



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

02042005 Chg-P CR2E034 (10/03)

4. FEI Number: 04-3661049 Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLLINS, CARRI  
 5019 ECLIPSE CT.  
 NAPLES, FL 34104

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

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 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

10. OFFICERS AND DIRECTORS	
TITLE: D NAME: COLLINS, CARRI STREET ADDRESS: 5019 ECLIPSE CT. CITY-ST-ZIP: NAPLES, FL 34104	<input checked="" type="checkbox"/> Delete
TITLE: PVST NAME: COLLINS, CARRI STREET ADDRESS: 5019 ECLIPSE CT. CITY-ST-ZIP: NAPLES, FL 34104	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: Carri Palermo STREET ADDRESS: 5900 Painted Leaf Lane CITY-ST-ZIP: NAPLES, FL 34116	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PVST NAME: Carri Palermo STREET ADDRESS: 5900 Painted Leaf Lane CITY-ST-ZIP: NAPLES, FL 34116	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: Carri A. Palermo Date: 03/31/05 Daytime Phone #: 239-248-0538

**STATE OF FLORIDA  
MARRIAGE RECORD**

TYPE IN UPPER CASE  
USE BLACK INK

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

**ATTACHMENT**  
**# P02000052157**  
**50033169**

**04-1658**

(APPLICATION NUMBER)

**APPLICATION TO MARRY**

1. GROOM'S NAME (First, Middle, Last) <b>ANTHONY PALERMO</b>			2. DATE OF BIRTH (Month, Day, Year) <b>May 11, 1969</b>		
3a. RESIDENCE - CITY, TOWN, OR LOCATION <b>NAPLES</b>		3b. COUNTY <b>COLLIER</b>	3c. STATE <b>FLORIDA</b>	4. BIRTHPLACE (State or Foreign Country) <b>NEW YORK</b>	
5a. BRIDE'S NAME (First, Middle, Last) <b>CARRI ANN COLLINS</b>			5b. MAIDEN SURNAME (if different) <b>COLVIN</b>		6. DATE OF BIRTH (Month, Day, Year) <b>August 03, 1967</b>
7a. RESIDENCE - CITY, TOWN, OR LOCATION <b>NAPLES</b>		7b. COUNTY <b>COLLIER</b>	7c. STATE <b>FLORIDA</b>	8. BIRTHPLACE (State or Foreign Country) <b>MISSOURI</b>	

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) <i>Anthony Palermo</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>November 23, 2004</b>	
11. TITLE OF OFFICIAL <b>DEPUTY CLERK</b>		12. SIGNATURE OF OFFICIAL (Use black ink) <i>Patricia LaFollette</i>	
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Carril Ann Collins</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>November 23, 2004</b>	
15. TITLE OF OFFICIAL <b>DEPUTY CLERK</b>		16. SIGNATURE OF OFFICIAL (Use black ink) <i>Patricia LaFollette</i>	

**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 <b>COLLIER</b>		18. DATE LICENSE ISSUED <b>November 23, 2004</b>	18a. DATE LICENSE EFFECTIVE <b>November 23, 2004</b>	19. EXPIRATION DATE <b>January 21, 2005</b>	
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>Patricia LaFollette</i>		20b. TITLE <b>DEPUTY CLERK</b>		20c. BY D.C. <b>PL</b>	

**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) <b>December 4, 2004</b>		22. CITY, TOWN, OR LOCATION OF MARRIAGE <b>Naples, FL</b>			
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Pastor Gene Scott</i>		23c. ADDRESS (Of person performing ceremony) <b>65 12th St South</b>			
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) <b>Pastor Gene Scott</b>		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Harold R. Palmer</i>		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>John J. ...</i>	

**INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED**

GROOM	28. SOCIAL SECURITY NUMBER <b>056-56-5716</b>	27. RACE <b>WHITE</b>	28. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF ANSWER 'YES' TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, and 29c		
				29a. NO. OF THIS MARRIAGE <b>2</b>	29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) <b>DIVORCE</b>	29c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) <b>NOVEMBER 28, 2001</b>
BRIDE	30. SOCIAL SECURITY NUMBER <b>489-78-2375</b>	31. RACE <b>WHITE</b>	32. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF ANSWER 'YES' TO ITEM 32, THEN COMPLETE ITEMS 33a, 33b, and 33c		
				33a. NO. OF THIS MARRIAGE <b>2</b>	33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) <b>DIVORCE</b>	33c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) <b>AUGUST 12, 1999</b>