2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State
02-04-2004 90048 044 ***150.00

DOCUMENT # P02000066618

1. Entity Name
CREATIVE PROPERTIES, INC.

Principal Place of Business	Mailing Address
5460 S.W. 18TH STREET PLANTATION, FL 33317	5460 S.W. 18TH STREET PLANTATION, FL 33317

01132004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4720 Oakes Road	4720 Oakes Road
Suite, Apt. #, etc.: Suite F	Suite, Apt. #, etc.: Suite F
City & State: Davie, FL	City & State: Davie, FL
Zip: 33314 (~~33317~~) Country: USA	Zip: 33314 Country: USA

4. FEI Number: 02-0629127 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOWIE, JEFFREY A
5460 S.W. 18TH STREET
PLANTATION, FL 33317

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 ______
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PDS ☐ Delete	TITLE	D/P/T ☒ Change ☐ Addition
NAME	BOWIE, JEFFREY A	NAME	Jeffrey A. Bowie
STREET ADDRESS	5460 S.W. 18TH STREET	STREET ADDRESS	5460 SW 18th Street
CITY-ST-ZIP	PLANTATION, FL 33317	CITY-ST-ZIP	Plantation, FL 33317
TITLE	VT ☐ Delete	TITLE	V/S ☒ Change ☐ Addition
NAME	BOWIE, LYDA	NAME	Lynda Bowie
STREET ADDRESS	5460 SW 18TH ST	STREET ADDRESS	5460 SW ~~18th street~~ 18th Street
CITY-ST-ZIP	PLANTATION, FL 33317	CITY-ST-ZIP	Plantation, FL 33317
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Lynda Bowie Lynda Bowie 2/1/04 954/316-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #