

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90026 006 ***150.00

DOCUMENT # P02000075630

1. Entity Name

CREEHAN PUBLICATIONS, INC.



Principal Place of Business

Mailing Address

93 BARRACUDA ST.
DESTIN FL 32541

93 BARRACUDA ST.
DESTIN FL 32541

2. Principal Place of Business

7588 E. COUNTY Hwy 30-A

Suite, Apt. #, etc.

#6

City & State

SANTA ROSA BEACH, FL

Zip 32459

Country Walton

3. Mailing Address

PO Box 611688

Suite, Apt. #, etc.

Rosemary Beach

City & State

Rosemary Beach, FL

Zip 32461

Country Walton



MOORE

CR2E034 (11/03)

4. FEI Number

81-0564349

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAWKINS, JOHN W ESQ.
607 HWY 98 EAST
DESTIN FL 32541

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

John W. Hawkins

Signature, typed or printed name of registered agent and title if applicable.

(NONE Registered Agent signature required when reinstating)

DATE

4/19/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 P
NAME CREEHAN, TIMOTHY J
STREET ADDRESS 93 BARRACUDA STREET
CITY-ST-ZIP DESTIN FL 32541

TITLE
NAME
STREET ADDRESS 197 Durango Road, 3D East Bldg
CITY-ST-ZIP

TITLE S
NAME CREEHAN, DENISE M
STREET ADDRESS 7588 E CO HWY 30-A #6
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE
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CITY-ST-ZIP

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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 an other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Denise M. Creehan, Secy 4/19/04 877-734 9532