2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 29, 2004 8:00 am DOCUMENT # P02000081886 **Secretary of State** 03-29-2004 90035 020 ***150 00 CREATIVE HANDIWORK INC. Principal Place of Business Mailing Address 2140 HATTERAS POINT 2140 HATTERAS POINT LAKELAND, FL 33813 54023831 LAKELAND, FL 33813 2. Principal Place of Business 3. Mailing Address 201 FISH HAVEN RD LOTSY 201 FISH HAVEN ROLOTSY 03112004 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number My BURN DALS 02-0637099 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOUG CRANE Street Address (P.O. Box, Number is Not Acceptable) 2140 HATTERAS POINT LAKELAND, FL 33813 AU BURNDALE 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 existered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Titte ☐ Delete TITLE Change Addition Addition CRANE, DOUGLAS NAME 201 FISH HAVEN RO LOT 54 STREET ADDRESS 2140 HATTERAS POINT STREET ADDRESS CITY*ST-ZIP LAKELAND, FL 33813 CITY-ST-ZIP AUBURNDALE, FL 33823 TITLE ST ☐ Delete TITLE Change ☐ Addition CRANE, PAMELA NAME NAME 201 FISH HAVEN RD LOTSY STREET ADDRESS 2140 HATTERAS POINT STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 CITY-ST-ZIP AVBURNOALE, FL 33823 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 Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

las M. Crane 3-15-04

FILED