


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000081886	
1. Entity Name CREATIVE HANDIWORK INC.	

Principal Place of Business 201 FISH HAVEN RD., LOT 54 AUBURNDAL, FL 33823	Mailing Address 201 FISH HAVEN RD., LOT 54 AUBURNDAL, FL 33823
----------------------------------------------------------------------------------	----------------------------------------------------------------------



DO NOT WRITE IN THIS SPACE

04202005 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0637099	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent

CRANE, PAMELA
201 FISH HAVEN RD., LOT 54
AUBURNDAL, FL 33823

**DO NOT WRITE
IN THIS SPACE**

6. 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
-------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO CRANE, DOUGLAS 201 FISH HAVEN RD., LOT 54 AUBURNDAL, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CRANE, MICAH 4416 HIGHLANDS LANE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CRANE, PAMELA 201 FISH HAVEN RD., LOT 54 AUBURNDAL, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000346238
05/02/05-80017-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Pam Crane Pam Crane Sec/ Treasurer 4-27-05 863-984-6170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #