

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90580 008 ***150.00

DOCUMENT # P02000082086 1. Entity Name CREATIVE DESIGN BY LUCI, INC.					
Principal Place of Business 11595 KELLY ROAD STE 209 FORT MYERS, FL 11595			Mailing Address 11595 KELLY ROAD STE 209 FORT MYERS, FL 11595		
2. Principal Place of Business 20400 Talon Trace		3. Mailing Address 6396 Poplar Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Estero, Florida		City & State Independence, Ohio		4. FEI Number 37-1437057	
Zip 33928		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33928		Country Cuyahoga		6. Name and Address of Current Registered Agent STACK, LUCILLE 11595 KELLY ROAD STE 209 FORT MYERS, FL 11595	
7. Name and Address of New Registered Agent Name Lucille Stack		Street Address (P.O. Box Number is Not Acceptable) 20400 Talon Trace			
City Estero		State FL		Zip Code 33928	
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 <i>Lucille A. Stack</i> Lucille A. STACK Pres 4/14/05 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete STACK, LUCILLE A 11595 KELLY ROAD STE 209 FORT MYERS, FL 11595	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6396 Poplar Drive Independence, Ohio 44131		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete STACK, GREGORY J 11595 KELLY ROAD STE 209 FORT MYERS, FL 11595	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6396 Poplar Drive Independence, Ohio 44131		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 <i>Lucille A. Stack</i> Lucille A. STACK, Pres. 4/14/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					