

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P02000083299**

1. Entity Name  
CREATIVE VISIONS STUDIOS INC.



**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90373 046 \*\*\*150.00

Principal Place of Business

4893 LAS FLORAG CT  
ELKTON, FL 32033

Mailing Address

4893 LAS FLORAG CT  
ELKTON, FL 32033

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282004

Chg-P

CR2E034 (10/03)

4. FEI Number

11-3645685

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FLAHERLY, RAYMOND F JR  
4893 LAS FLORAG CT  
ELKTON, FL 32033

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

TITLE P ☐ Delete  
NAME FLAHERTY, RAYMOND F JR.  
STREET ADDRESS 4893 LOS FLORAS CT.  
CITY-ST-ZIP ELKTON, FL 32033

TITLE V ☐ Delete  
NAME MOONEY, MICHAEL J  
STREET ADDRESS 1 OCEAN TRACE RD. SUITE 115  
CITY-ST-ZIP ST. AUGUSTINE, FL 32080

TITLE T ☒ Delete  
NAME JACOB, ANNET  
STREET ADDRESS 820 WHITE EAGLE CIRCLE  
CITY-ST-ZIP ST. AUGUSTINE, FL 32086

TITLE S ☐ Delete  
NAME FLAHERTY, SHIRYLENE M  
STREET ADDRESS 4893 LOS FLORAS CT.  
CITY-ST-ZIP ELKTON, FL 32033

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE T ☒ Change ☐ Addition  
NAME Sheila D. HUNTER  
STREET ADDRESS 2426 DUNDEE DRIVE  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Raymond F. Flaherty Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond F Flaherty Jr.

04/28/04 (904) 826-4575

Date Daytime Phone #