

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000112318

FILED
Apr 30, 2004
Secretary of State

Entity Name: CREATIVE PRODUCTS & SERVICES, INC.

Current Principal Place of Business:

P.O. BOX 1356
SEBRING, FL 33871

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1356
SEBRING, FL 33871

New Mailing Address:

FEI Number: 74-3047249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRELL, EDUARDO F
500 S FLORIDA AVE STE 330
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WELLS, WILLIAM T
Address: P.O. BOX 7640
City-St-Zip: LAKELAND, FL 33807

Title: D () Delete
Name: HAYNES, SUSAN
Address: 2801 SNYDER ROAD
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: FITCH, DONNA
Address: 839 GARLAND AVE
City-St-Zip: SEBRING, FL 33875

Title: D () Delete
Name: BARHITE, SUE
Address: 1330 5TH AVE
City-St-Zip: SEBRING, FL 33875

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN HAYNES

D

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date