

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000002908

1. Entity Name
CREATIVE FAVORS, INC.



FILED

08 SEP 15 PM 4: 09

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4310 10TH AVENUE NORTH
LAKE WORTH, FL 33461

Mailing Address
4310 10TH AVENUE NORTH
LAKE WORTH, FL 33461

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

09112008 Chg-P CR2E034 (12/06)

4. FEI Number
32-0051666

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHREIBER, CHARLES
4310 10TH AVENUE NORTH
LAKE WORTH, FL 33461

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME SCHREIBER, RANDI D
STREET ADDRESS 1516 OLIVE TREE CIR.
CITY-ST-ZIP BOYNTON BEACH, FL 33436 ☐ Delete

TITLE VP
NAME SCHREIBER, SONDR
STREET ADDRESS 5594 EGRET ISLE TRAIL
CITY-ST-ZIP LAKE WORTH, FL 33467 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Randi Schreiber
STREET ADDRESS 5594 Egret Isle Trail
CITY-ST-ZIP LAKE WORTH FL 33461 ☒ Change ☐ Addition

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Randi Schreiber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/08
Date

561-966-9528
Daytime Phone #