


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000007147 1. Entity Name CREATIVE AVALANCHE, INC.	
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Principal Place of Business
**1415 DR. M L KING JR BLVD.
CLEARWATER, FL 33755**

Mailing Address
**% ACCOUNTING CONSULTANTS INC
5401 CENTRAL AVE.
ST. PETERSBURG, FL 33710**



02222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3765627	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCATEE, CAROL
% ACCOUNTING CONSULTANTS INC
5401 CENTRAL AVE.
ST. PETERSBURG, FL 33710**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GREEN, RICHARD LOUIS 219 S. SATURN AVE. CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GREEN, WENDY CHATLEY 219 S. SATURN AVE. CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000336555
04/27/05-80133-005 150.00

**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)(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05
Date

727-446-7575
Daytime Phone #