

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 13 AM 8:00

DOCUMENT # P03000009344

1. Entity Name
CREATIVE CONTRACTING SOLUTIONS, INC.



Principal Place of Business
1324 CENTRAL AVE
SARASOTA, FL 34240 US

Mailing Address
1101 BERN CREEK LOOP
SARASOTA, FL 34240 US

2. Principal Place of Business

3. Mailing Address

1324 CENTRAL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SARASOTA FL

Zip

Country

Zip

Country

34236

34236

05062004

Chg-P

CR2E034 (10/03)

4. FEI Number

13-4234564

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOWLING, TERRY W
1101 BERN CREEK LOOP
SARASOTA, FL 34240

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BOWLING, TERRY W
STREET ADDRESS 1101 BERN CREEK LOOP
CITY-ST-ZIP SARASOTA, FL 34240

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300037344793
05/26/04--01055--002 **\$61.25

TITLE S
NAME BOWLING, TERRY W
STREET ADDRESS 1101 BERN CREEK LOOP
CITY-ST-ZIP SARASOTA, FL 34240

TITLE
NAME BOWLING, Michelle S
STREET ADDRESS 1101 Bern Creek Loop
CITY-ST-ZIP SARASOTA, FL 34240

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Terry Wayne Bowling 5/6/04 (94) 362-0560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #