## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 13, 2006 8:00 am Secretary of State DOCUMENT # P03000009344 1. Entity Name 04-13-2006 90314 012 \*\*\*150.00 CREATIVE CONTRACTING SOLUTIONS, INC. Principal Place of Business Mailing Address 1324 CENTRAL AVE 1324 CENTRAL AVE SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 13-4234564 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOWLING, TERRY W Street Address (P.O. Box Number is Not Acceptable) 1101 BERN CREEK LOOP SARASOTA FL 34240 City 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 real stered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstation) Signature, typed or printed name of registered agent and t if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THILE TITLE Change Addition ☐ Delete BOWLING, TERRY W NAME NAME STREET ADDRESS 1101 BERN CREEK LOOP STREET ADDRESS CITY-ST-7IP SARASOTA FL 34240 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME BOWLING, MICHELE S MAIS STREET ADDRESS 1101 BERN CREEK LOOP STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34240 CITY-ST-ZIE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE DIRE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DITLE ☐ Defete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Terry W Bowling 4/6/04

**FILED**