

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000021296

1. Entity Name
CREATIVE PATH AND CURB, INC.



Principal Place of Business
4317 MCCULLOUGH ST.
PORT CHARLOTTE, FL 33948

Mailing Address
4317 MCCULLOUGH ST.
PORT CHARLOTTE, FL 33948



01082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2100458

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KREJCI, JAMES J
4317 MCCULLOUGH ST.
PORT CHARLOTTE, FL 33948

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE DP
NAME KREJCI, JAMES J
STREET ADDRESS 4317 MCCULLOUGH ST.
CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE VPD
NAME LAMATRICE, THOMAS F
STREET ADDRESS 1010 CHEVY CHASE ST
CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE TS
NAME KREJCI, LINDA
STREET ADDRESS 4317 MCCULLOUGH ST
CITY-ST-ZIP PORT CHARLOTTE, FL 33948

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U00000384583
01/17/06-80021-005 158.75

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IN THIS SPACE**

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: Linda Krejci 1/10/06 941/766-9221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #