

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 10, 2008 08:00 AM
Secretary of State**

DOCUMENT # P03000021296

**1. Entity Name
CREATIVE PATH AND CURB, INC.**



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

DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

**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

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, 2008 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
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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01/10/08-80050-018 158.75

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-08 941-766-9221

Date

Daytime Phone #