

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000035965**

1. Entity Name  
**CREATIVE ACRYLICS & PLASTICS SUPPLY, INC.**



Principal Place of Business  
**1803-B W. NINE MILE RD  
PENSACOLA, FL 32534**

Mailing Address  
**1803-B W. NINE MILE RD  
PENSACOLA, FL 32534**

**DO NOT WRITE IN THIS SPACE**



03032006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>56-2329646</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LANE, JAMES M  
4918 PATTOCK PLACE  
PACE, FL 32571**

**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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D LANE, JAMES M 4918 PATTOCK PLACE PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANE, DEBORAH M 4918 PATTOCK PLACE PACE, FL 32571
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04/26/06-80039-012 150.00

**DO NOT WRITE  
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:** Deborah M Lane

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-06 850-479-8389

Date

Daytime Phone #