
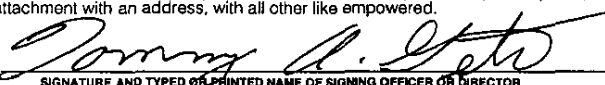


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90324 004 ***150.00

DOCUMENT # P03000045671 1. Entity Name CREATIVE FRAMES & GIFTS, INC.					
Principal Place of Business 11531 NORTH HUME POINT DUNNELLON, FL 34434			Mailing Address 11531 NORTH HUME POINT DUNNELLON, FL 34434		
2. Principal Place of Business 1015 E. Norvell Bryant		3. Mailing Address HWY.			
Suite, Apt. #, etc. HWY.		Suite, Apt. #, etc. HWY.			
City & State Hernando, FL		City & State Hernando, FL		4. FEI Number 550828952	
Zip 34442		Country Citrus		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLUME, MARIE T 452 PLEASANT GROVE ROAD INVERNESS, FL 34452		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GETER, TOMMY A 11531 NORTH HUME POINT DUNNELLON, FL 34434		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GETER, APRIL 11531 NORTH HUME POINT DUNNELLON, FL 34434		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GETER, APRIL 11531 NORTH HUME POINT DUNNELLON, FL 34434		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GETER, APRIL 11531 NORTH HUME POINT DUNNELLON, FL 34434		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GETER, APRIL 11531 NORTH HUME POINT DUNNELLON, FL 34434		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GETER, APRIL 11531 NORTH HUME POINT DUNNELLON, FL 34434		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GETER, APRIL 11531 NORTH HUME POINT DUNNELLON, FL 34434		<input type="checkbox"/> Delete		
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					