

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000045671

1. Entity Name
CREATIVE FRAMES & GIFTS, INC.



FILED
May 13, 2005 08:00 AM
Secretary of State

Principal Place of Business
1015 E. NORVELL BRYANT
HERNANDO, FL 34442

Mailing Address
11531 NORTH HUME POINT
DUNNELLON, FL 34434



05102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0828952

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BLUME, MARIE T
452 PLEASANT GROVE ROAD
INVERNESS, FL 34452

**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 reinstalling)

DATE

1100000366608
05/13/05-80012-004 158.75

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME GETER, TOMMY A
STREET ADDRESS 11531 NORTH HUME POINT
CITY-ST-ZIP DUNNELLON, FL 34434

TITLE D
NAME GETER, APRIL
STREET ADDRESS 11531 NORTH HUME POINT
CITY-ST-ZIP DUNNELLON, FL 34434

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Tommy A. Geter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-2005

Date

352-341-4431

Daytime Phone #

TOMMY A. GETER