

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000064263

FILED
Apr 30, 2004
Secretary of State

Entity Name: CREATIVE MINDS ENTERPRISES, INC.

Current Principal Place of Business:

5639 BENNINGTON DRIVE
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

5639 BENNINGTON DRIVE
JACKSONVILLE, FL 32244

New Mailing Address:

P O BOX 37326
JACKSONVILLE, FL 32236

FEI Number: 20-0034326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTLER, VICKIE K
2236 LOOKING GLASS LANE
JACKSONVILLE, FL 32210

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: NURSE, MARCIA
Address: 319 E CHURCH STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: VP () Change (X) Addition
Name: NURSE, CHRISTOPHER J
Address: 319 E CHURCH STREET
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCIA NURSE

P

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date