

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 AUG -1 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000071257

1. Entity Name
CREATIVE CONCEPTS & DEVELOPMENT
CORPORATION



Principal Place of Business
100 GODDARD DRIVE
DEBARY, FL 32713

Mailing Address
100 GODDARD DRIVE
DEBARY, FL 32713



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07222004

Chg-P

CR2E034 (10/03)

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EVANS, CHARLES E
100 GODDARD DRIVE
DEBARY, FL 32713

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME EVANS, CHARLES E
STREET ADDRESS 100 GODDARD DRIVE
CITY-ST-ZIP DEBARY, FL 32713

TITLE PTD ☒ Change ☐ Addition
NAME Evans, Charles E
STREET ADDRESS 100 Goddard Drive
CITY-ST-ZIP Debary, FL 32713

TITLE D ☐ Delete
NAME WINNINGHAM, CORY D
STREET ADDRESS 509 BROKENSHERE DRIVE
CITY-ST-ZIP DEBARY, FL 32713

TITLE VSD ☒ Change ☐ Addition
NAME Winningham, Cory D
STREET ADDRESS 509 Brokenshire Drive
CITY-ST-ZIP Debary, FL 32713

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

7-22-04

Date

407-702-7958

Daytime Phone #