

FILED
May 25, 2005 8:00 am
Secretary of State

05-25-2005 90002 030 ***158.75

2005 FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000154075		
1. Entity Name CREATIVE COLUMNS, INC.		
Principal Place of Business 1 INDUSTRIAL PARK LANE, UNIT G2 DESTIN, FL 32541		Mailing Address 1 INDUSTRIAL PARK LANE, UNIT G2 DESTIN, FL 32541
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
4. FEI Number 30-0505779		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent
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 date if applicable. (NOTE: Registered Agent signature required when registering.) DATE _____		
FILE NOW!!! FEB IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY - ST - ZIP	PSIO WILLIAMSON, WAYNE H 1 INDUSTRIAL PARK LANE, UNIT G2 DESTIN, FL 32541 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: <u>Wayne H. Williamson</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>5-25-05</u> Daytime Phone: <u>654-4411</u>