

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90026 020 ***150.00

DOCUMENT # P04000013248

1. Entity Name
CREATIVE HARDWOOD SOLUTIONS, INC.



Principal Place of Business
**15519 US 441, STE 204B
EUSTIS, FL 32726**

Mailing Address
**15519 US 441, STE 204B
EUSTIS, FL 32726**

50017481



2. Principal Place of Business

3. Mailing Address

P O BOX 731

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02182005

Chg-P

CR2E034 (10/03)

City & State

City & State

MT DORA FL 32756-0731

4. FEI Number

20-0659155

Applied For

Not Applicable

Zip

Country

Zip

32756-0731

Country

LAKE

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

**SWANK, KENNETH
15519 US 441, STE 204B
EUSTIS, FL 32726**

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

2-18-05

**FILE NOW!!! FEE 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
**D
SWANK, KENNETH
15519 US 441, STE 204B
EUSTIS, FL 32726** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V PRES JAMES CROUSE
15519 US 441 STE 204B
EUSTIS FL 32726** ☐ Change ☒ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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: *Kenneth Swank* KENNETH SWANK

2-18-05 352-516-8446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #