## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P04000039779

**B-CREATIVE GRAPHIX, INC** 



**FILED** Feb 13, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

163 HICKORY ROAD OCALA, FL 34472

163 HICKORY ROAD OCALA, FL 34472



6. Name and Address of Current Registered Agent

GORDON, YVONNE E 163 HICKORY ROAD OCALA, FL 34472



02122007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0801874

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

HOONORWRIE INTHISSPACE

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 lamiliar 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

## FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

TITLE  MAME STREET ADDRESS CITY-ST-ZIP  TITLE	7.1101 1.111 1.7 1.7 1.00 11.11 1.00 4.000.00				
CITY-ST-ZIP OCALA, FL 34472  TITLE NAME STREET ADDRESS CITY-ST-ZIP	10. OFFICERS AND DIREC		CTORS		
CITY-ST-ZIP OCALA, FL 34472  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	GORDON, DELROY B 163 HICKORY ROAD			
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	NAME STREET ADDRESS	GORDON, YVONNE E 163 HICKORY ROAD			
TITLE NAME STREET ADDRESS CITY- ST-7IP  TITLE NAME STREET ADDRESS CITY- ST-7IP  TITLE	NAME STREET ADDRESS			NOTWRITE	
TITLE  TITLE  TITLE  TITLE	NAME STREET ADDRESS			ILIS SPAGE	
。 一直对从上面,将加强设计,在通过的设计,但是对对通过的通过的通过的对象。	NAME STREET ADDRESS				
STREET ADDRESS CITY-ST-7IP  12. I hereby cartify that the information supplied with this filled does not qualify for the expensions applied to Chapter 110. Florido Standard Institute and the information ana	NAME STREET ADDRESS CITY-ST-7IP				

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 attactment with an address, with all other like empowered.

YVOINNE GORDON