

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90088 025 \*\*\*158.75

**DOCUMENT # P04000069958**

1. Entity Name

BC CREATIVE BUILDING, INC.



Principal Place of Business

15 NORTH WASHINGTON STREET  
BEVERLY HILLS FL 34465  
US

Mailing Address

15 NORTH WASHINGTON STREET  
BEVERLY HILLS FL 34465  
US

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

20-1104922

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required



1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

SHUMWAY, CLIFF  
15 NORTH WASHINGTON STREET  
BEVERLY HILLS FL 34465

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ Added to Fees

**\$5.00** May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME HOOVER, BRAD  
STREET ADDRESS 15 NORTH WASHINGTON STREET  
CITY-ST-ZIP BEVERLY HILLS FL 34465

TITLE S ☐ Delete  
NAME SHUMWAY, CLIFF  
STREET ADDRESS 15 NORTH WASHINGTON STREET  
CITY-ST-ZIP BEVERLY HILLS FL 34465

TITLE T ☐ Delete  
NAME SHUMWAY, CLIFF  
STREET ADDRESS 15 NORTH WASHINGTON STREET  
CITY-ST-ZIP BEVERLY HILLS FL 34465

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
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:

*Clifford Shumway*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-05 (352)257-0272

Date

Daytime Phone #