

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90097 047 ***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

40004216



2. Principal Place of Business - No P.O. Box #
6697 S. Wald pt.

3. Mailing Address
6697 S. Wald pt.

01152007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.
City & State
Homosassa FL

Suite, Apt. #, etc.
City & State
Homosassa FL

4. FEI Number
20-1104922
Applied For
Not Applicable

Zip
34446 Country
Citrus

Zip
34446 Country
Citrus

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

SHUMWAY, CLIFF
15 NORTH WASHINGTON STREET
BEVERLY HILLS, FL 34465

Name
Elizabeth S. Kelly
Street Address (P.O. Box Number is Not Acceptable)
6697 S. Wald pt.

City
Homosassa FL Zip Code
34446

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 the applicable.

treasurer
(NOTE: Registered Agent signature required when reinstating)

1-15-07
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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HOOVER, BRAD	
STREET ADDRESS	15 NORTH WASHINGTON STREET	
CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SHUMWAY, CLIFF	
STREET ADDRESS	15 NORTH WASHINGTON STREET	
CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SHUMWAY, CLIFF	
STREET ADDRESS	15 NORTH WASHINGTON STREET	
CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
TITLE	P	<input type="checkbox"/> Delete
NAME	HOOVER, BRAD	
STREET ADDRESS	6697 S WALD PT	
CITY-ST-ZIP	HOMOSASSA, FL 34446	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SLAUMWAY, CLIFF	
STREET ADDRESS	15 NORTH WASHINGTON ST	
CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
TITLE	T	<input type="checkbox"/> Delete
NAME	KELLY, ELIZABETH	
STREET ADDRESS	6697 S WALD PT	
CITY-ST-ZIP	HOMOSASSA, FL 34446	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christina Shumway	
STREET ADDRESS	20 S. Monroe St	
CITY-ST-ZIP	Beverly Hills FL 34465	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cliff Shumway	
STREET ADDRESS	20 S. Monroe St.	
CITY-ST-ZIP	Beverly Hills FL 34465	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.

SIGNATURE: Elizabeth S. Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-07 352-628-1433
Date Daytime Phone #