


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90370 037 \*\*\*150.00

<b>DOCUMENT # P04000069958</b> 1. Entity Name <b>BC CREATIVE BUILDING, INC.</b>					
Principal Place of Business <b>6697 S WALD PT HOMOSASSA, FL 34446 US</b>			Mailing Address <b>6697 S WALD PT HOMOSASSA, FL 34446 US</b>		
2. Principal Place of Business - No P.O. Box # <b>4794 N. peg pt.</b>		3. Mailing Address <b>P.O. Box 43</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Hernando FL</b>		City & State <b>Hernando FL</b>		4. FEI Number <b>20-1104922</b>	
Zip <b>34442</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>KELLY, ELIZABETH J 6697 S WALD PT HOMOSASSA, FL 34446</b>			7. Name and Address of New Registered Agent  Name <b>Kelly, Elizabeth J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4794 N. peg pt.</b>  City <b>Hernando</b> <b>FL</b> Zip Code <b>34442</b>		
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 <b>Elizabeth Kelly</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>RA</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <b>3-17-08</b>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOOVER, BRAD 15 NORTH WASHINGTON STREET BEVERLY HILLS, FL 34465	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHUMWAY, CHRISTINA 20 S MONROE ST BEVERLY HILLS, FL 34465	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHUMWAY, CLIFF 15 NORTH WASHINGTON STREET BEVERLY HILLS, FL 34465	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOOVER, BRAD 6697 S WALD PT HOMOSASSA, FL 34446	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KELLY, ELIZABETH 6697 S WALD PT HOMOSASSA, FL 34446	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 Kelly** **Elizabeth Kelly** **3-18-08** **352-726-4072**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #