

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000092453

1. Entity Name
CREATIVE PAINTING OF MARION COUNTY, INC.



Principal Place of Business
**3151 NW 44TH AVENUE LOT #30
OCALA, FL 34482 US**

Mailing Address
**3151 NW 44TH AVENUE LOT #30
OCALA, FL 34482 US**



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1910005

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHEETZ, GIRARD R
3151 NW 44TH AVENUE LOT #30
OCALA, FL 34482**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 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**
NAME **SHEETZ, GIRARD R**
STREET ADDRESS **3151 NW 44TH AVENUE LOT #30**
CITY-ST-ZIP **OCALA, FL 34482**

TITLE **VP**
NAME **KENNEDY, JACQUELYNN A**
STREET ADDRESS **1000 NE 43RD STREET**
CITY-ST-ZIP **OCALA, FL 34479**

TITLE
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**U00000460747
03/20/06-80022-020 158.75**

**DO NOT WRITE
IN THIS SPACE**

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: Jacquelyn Kennedy 1/3/06 (352) 246-6305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #