

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000172615

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: CREATIVE PROFITS OF CENTRAL FLORIDA INC

**Current Principal Place of Business:**

9 SPRING RADIAL  
OCALA, FL 34472

**New Principal Place of Business:**

**Current Mailing Address:**

9 SPRING RADIAL  
OCALA, FL 34472

**New Mailing Address:**

FEI Number: 65-1238189

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMAS, ROBERT  
9 SPRING RADIAL  
OCALA, FL 34472 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: THOMAS, ROBERT  
Address: 9 SPRING RADIAL  
City-St-Zip: OCALA, FL 34472

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT P. THOMAS

PRES

04/28/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date