

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90060 006 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000015591		
1. Entity Name CREECE SERVICES, INC.		
Principal Place of Business 723 NW 42ND WAY DEERFIELD BEACH, FL 33442	Mailing Address 723 NW 42ND WAY DEERFIELD BEACH, FL 33442	40098821  02122007 No Chg-P CR2E034 (11/05) 4. FEI Number 20-2309553 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required Applied For Not Applicable
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MECKE, CARL J. ESQ. 1481 NW NORTH RIVER DRIVE MIAMI, FL 33125		
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: <u><i>Gary Creece</i></u> (NOTE: Registered Agent signature required when reappointing) Signature typed or printed name of registered agent and title if applicable DATE: <u>4/29/07</u>		
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 NAME STREET ADDRESS CITY - ST - ZIP	D CREECE, GARY 723 NW 42ND WAY DEERFIELD BEACH, FL 33442	
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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: <u><i>Gary Creece</i></u> President <u>4/29/07</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #		