2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-10-2006 90320 006 ***150.00

DOCUMENT # P05000077997

1. Entity Name
CREEL CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
514 RIFLE RANGE ROAD BARTOW, FL 33830 US	514 RIFLE RANGE ROAD BARTOW, FL 33830 US

2. Principal Place of Business	3. Mailing Address
Street Address	Street Address
City & State	City & State
Zip / Country	Zip / Country

03072006 Chg-P CR2E034 (11/05)

4. FEI Number
61-1488943

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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City FL

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. The entity named above is familiar with and accepts the obligations of registered agent.

SIGNATURE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D ☐ Delete	TITLE	☐
NAME	CREEL, JASON	NAME	
STREET ADDRESS	514 RIFLE RANGE ROAD	STREET ADDRESS	
CITY ST ZIP	BARTOW, FL 33830	CITY ST ZIP	
TITLE	D ☐ Delete	TITLE	☐
NAME	CREEL, DAVID	NAME	
STREET ADDRESS	514 RIFLE RANGE ROAD	STREET ADDRESS	
CITY ST ZIP	BARTOW, FL 33830	CITY ST ZIP	
TITLE	☐ Delete	TITLE	☐
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE	☐ Delete	TITLE	☐ ☐
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE	☐ Delete	TITLE	☐ ☐
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE	☐ Delete	TITLE	☐ ☐
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: 3-15-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR