

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000162175

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** CREATIVE ASSOCIATION SERVICES, INC.

**Current Principal Place of Business:**

2045 SAN MARCOS DR.  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

2045 SAN MARCOS DR.  
WINTER HAVEN, FL 33880

**New Mailing Address:**

**FEI Number:** 20-3932451

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

CASSIDY, ALBERT S  
C/O CREATIVE ASSOCIATION SRVS., INC  
2045 SAN MARCOS DR  
WINTER HAVEN, FL 33880 US

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CASSIDY, ALBERT S  
Address: 2045 SAN MARCOS DR.  
City-St-Zip: WINTER HAVEN, FL 33880

Title: TSD  
Name: BANNON, MICHELLE C  
Address: 2045 SAN MARCOS DR  
City-St-Zip: WINTER HAVEN, FL 33880

Title: VPD  
Name: OAKLEY, LAUREN J  
Address: 2045 SAN MARCOS DR  
City-St-Zip: WINTER HAVEN, FL 33880

I hereby 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 all other like empowered.

SIGNATURE: ALBERT S CASSIDY

PD

04/30/2011

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

\_\_\_\_\_  
Date