

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2007 8:00 am
Secretary of State

05-23-2007 90026 021 ***150.00

DOCUMENT # P05000167559

1. Entity Name
CULTURALLY CREATIVE CONCEPTS, INC.



Principal Place of Business

**539 LAKESIDE CIRCLE
SUNRISE, FL 33326 US**

Mailing Address

**539 LAKESIDE CIRCLE
SUNRISE, FL 33326 US**

2. Principal Place of Business - No P.O. Box #

1615 NW 21 AVENUE
Suite, Apt. #, etc.

3. Mailing Address

1615 NW 21 AVENUE
Suite, Apt. #, etc.



05202007 Chg-P CR2E034 (12/06)

City & State

GAINESVILLE FL

City & State

GAINESVILLE FL

4. FEI Number

13-4321671

Applied For

Not Applicable

Zip

32605

Country

USA

Zip

32605

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RILEY, PATRICIA L
539 LAKESIDE CIRCLE
SUNRISE, FL 33326**

7. Name and Address of New Registered Agent

Name **(SAME) Riley, Patricia L**
Street Address (P.O. Box Number is Not Acceptable)
1615 NW 21 Avenue
City **GAINESVILLE** **FL** Zip Code **32605**

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

5-15-2007

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **RILEY, PATRICIA L**
STREET ADDRESS **539 LAKESIDE CIRCLE 1615 NW 21 Ave**
CITY-ST-ZIP **SUNRISE, FL 33326 GAINESVILLE FL 32605**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **SAME OFFICER**
STREET ADDRESS **NEW ADDRESS**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]