

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2007 8:00 am
Secretary of State

08-13-2007 90021 042 ***150.00

DOCUMENT # P06000067854 1. Entity Name CREATIVE CUSTOM MACHINE INC					
Principal Place of Business 4909 US 1 COCOA, FL 32927			Mailing Address 6235 CHATMAN ST COCOA, FL 32927		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc			3. Mailing Address Suite, Apt. #, etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-4898301	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent JOHNSON, DAMION D 6235 CHAPMAN ST COCOA, FL 32927				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature: Typed or printed name of registered agent (if not applicable) (NOTE: Registered Agent signature required when "changing")</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME JOHNSON, DAMION D		TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6235 CHAPMAN ST	CITY ST ZIP COCOA, FL 32927		STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY ST ZIP COCOA, FL 32927	CITY ST ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		CITY ST ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP	NAME JOHNSON, JULIE A		TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6235 CHAPMAN ST	CITY ST ZIP COCOA, FL 32927		STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY ST ZIP COCOA, FL 32927	CITY ST ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		CITY ST ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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CITY ST ZIP <input type="checkbox"/> Delete	CITY ST ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		CITY ST ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 			8-9-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Damion D. Johnson			DAYTON, OHIO		