

2007 FOR PROFIT CORPORATION ANNUAL REPORT

06-28-2007 90002 036 ***158.75
P06000100251

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STATE
FLORIDA

DOCUMENT # P06000100251
1. Entity Name
CREATIVE CONTRACTOR SERVICES INC.



Principal Place of Business
**3017 JOE LOUIS DR.
ORLANDO, FL 32805**

Mailing Address
**3017 JOE LOUIS DR.
ORLANDO, FL 32805**



2. Principal Place of Business No P.O. Box #
3017 Joe Louis Dr

3. Mailing Address
3017 Joe Louis Dr

Suite, Apt. #, etc.

05312007 Chg-P CR2E034 (12/06)

City & State
Orlando FL

Zip
32805

Country
USA

4. FIC Number
20-4466331

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ADDISON, ELAINE
3017 JOE LOUIS DR.
ORLANDO, FL 32805**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *Elaine Addison* DATE **06-15-07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADDISON, ELAINE 3017 JOE LOUIS DR. ORLANDO, FL 32805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Elaine Addison* **Elaine Addison** **06-15-07** **407-701-0640**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #