

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90122 001 ***211.25

DOCUMENT # P07000000363

1. Entity Name
CREATIVE CONCEPTS FOR SENIOR SOLUTIONS, INC.



Principal Place of Business
**1616 S. 14TH ST.
LEESBURG, FL 34748**

Mailing Address
**1616 S. 14TH ST.
LEESBURG, FL 34748**

66001513



2. Principal Place of Business - No P.O. Box #
**50 A1A North
Suite, Apt. #, etc.
Suite 110**

3. Mailing Address
**7203 Goodman Rd.
Suite, Apt. #, etc.**

02182008 Chg-P CR2E034 (12/06)

City & State
Ponte Vedra Beach, FL
Zip
32082

City & State
Olive Branch, MS
Zip
38654

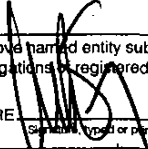
4. FEI Number
41-2224576
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent
Name
William Filippone
Street Address (P.O. Box Number is Not Acceptable)
50 A1A North, Suite 110
City
Ponte Vedra Beach FL Zip Code
32082

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  **2/20/08**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BRYAN, JOE H	
STREET ADDRESS	1616 S. 14TH ST.	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	D	<input type="checkbox"/> Delete
NAME	MINKE, TERRY	
STREET ADDRESS	104 STONECREST RD. S.	
CITY-ST-ZIP	ARGYLE, TX 76226	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joe H. Bryan	
STREET ADDRESS	7203 Goodman Rd.	
CITY-ST-ZIP	Olive Branch, MS 38654	
TITLE	D/P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terry Minke	
STREET ADDRESS	104 Stonecrest Rd., S.	
CITY-ST-ZIP	Argyle, Tx 76226	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **SECRETARY/DIRECTOR**
Signature and typed or printed name of signing officer or director

2-20-08 **662-890-8904**
Date Daytime Phone #