

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000045633

**FILED**  
**Aug 21, 2012**  
**Secretary of State**

**Entity Name:** CREATIVE NIGHTLIFE CONCEPTS OF FLORIDA, INC.

**Current Principal Place of Business:**

2450 EVEREST PARKWAY  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

1023 SE 47TH TERRACE  
CAPE CORAL, FL 33904

**Current Mailing Address:**

2450 EVEREST PARKWAY  
CAPE CORAL, FL 33904

**New Mailing Address:**

1023 SE 47TH TERRACE  
CAPE CORAL, FL 33904

**FEI Number:** 45-2222840

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TOWNSEND, DAVID  
2450 EVEREST PARKWAY  
CAPE CORAL, FL 33904 US

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

PIPPENGER, LYNN  
1023 SE 47TH TERRACE  
CAPE CORAL, FL 33904 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:** LYNN PIPPENGER

08/21/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** PIPPENGER, LYNN  
**Address:** 1023 SE 47TH TERRACE  
**City-St-Zip:** CAPE CORAL, FL 33904

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:** LYNN PIPPENGER

PRES

08/21/2012

Electronic Signature of Signing Officer or Director

Date