

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000025774

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: CREATIVE ARCHITECTURAL CASTINGS, INC.

## Current Principal Place of Business:

531 VALPARAISO PARKWAY  
VALPARAISO, FL 32580 US

## New Principal Place of Business:

## Current Mailing Address:

531 VALPARAISO PARKWAY  
VALPARAISO, FL 32580 US

## New Mailing Address:

FEI Number: 59-3181047

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LASSO, AMY  
1673 CROWDER CHAPEL RD  
CRESTVIEW, FL 32539 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: HALEY, ANNA MARIE  
Address: 106 LINDA CT.  
City-St-Zip: NICEVILLE, FL 32578

Title: VPMS ( ) Delete  
Name: LASSO, JOHN W  
Address: 1673 CROWDER CHAPEL RD  
City-St-Zip: CRESTVIEW, FL

Title: T ( ) Delete  
Name: SCHONEWITZ, RONALD  
Address: 106 LINDA CT.  
City-St-Zip: NICEVILLE, FL 32578

Title: V ( ) Delete  
Name: HALEY, MICHAEL W  
Address: 106 LINDA COURT  
City-St-Zip: NICEVILLE, FL 32578 US

Title: D ( ) Delete  
Name: LASSO, AMY B  
Address: 1675 CROWDER CHAPEL RD  
City-St-Zip: CRESTVIEW, FL

Title: D ( ) Delete  
Name: BLAIR, CHRISTOPHER R  
Address: 106 LINDA CT  
City-St-Zip: NICEVILLE, FL 32578

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANNAMARIE HALEY

PS

04/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date