## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P93000027611** 

## FILED Feb 16, 2004 08:00 AM Secretary of State

CREATI	ONS PELTIER INC.						
210 PORTE	RST	Mailing Address 210 PORTER ST NAPLES, FL 34113-8543 U	ς				
	. 54113-043 U3						
<b>}</b>	e one de l'accesse de l'estre l'impere le	ai Tillo ona	~r	02032004	No Chg-P	CR2E034 (	
DO NOT WRITE IN THIS SPA			CE	4. FEI Numbe 65-042			Applied For Not Applicable
			· · · · · · · · · · · · · · · · · · ·	5. Certificate	of Status Desired		75 Additional Required
	6. Name and Address of Current Reg	Istered Agent	<u> </u>				and the second
NAPLES,	FER STREET FL 34113 e named entity submits this statement for the tlons of registered agent.	purpose of changing its registe	red office or register	T NI	NOT W THIS SF	ACE	ar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and M	ed Agent signature required	when reinstating)	·	DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution	·	00 May Be ad to Fees	•		
10.	OFFICERS AND DIRE	CTORS			. 2		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PELTIER, GILLES 210 PORTER STREET NAPLES, FL 34113			<u> </u>	U000001 1-02/16/04	052 <b>94</b> 0 30108-009	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filling does not qualify 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 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:

TITLE
NAME
STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR FRANTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 12, 04 (239) 775-7

DO NOT WRITE

IN THIS SPACE