


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000060069 1. Entity Name CREAMER APPLIANCE SERVICE, INC.	
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Principal Place of Business 3304 N. COOPER RD PLANT CITY, FL 33565-4842 US	Mailing Address 3304 N. COOPER RD PLANT CITY, FL 33565-4842 US
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01182007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3213833	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent CREAMER, JOHN M 3304 N COOPER RD PLANT CITY, FL

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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02/01/07-80061-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CREAMER, JOHN M 3304 N COOPER RD PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CREAMER, CYNTHIA L 3304 N COOPER RD PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O CREAMER, JOHN MARK II 3304 N. COOPER ROAD PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-07 **813** **986-1881**
Date Daytime Phone #