
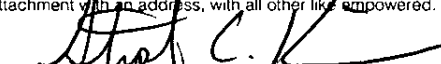


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90044 046 \*\*\*150.00

<b>DOCUMENT # P95000001105</b> 1. Entity Name <b>CREATIVE SERVICES OF CENTRAL FLORIDA, INC.</b>					
Principal Place of Business <b>2023 U.S. 27 N. SEBRING, FL 33870</b>			Mailing Address <b>2023 U.S. 27 N. SEBRING, FL 33870</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3285491</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KIROUAC, MICHAEL 2023 US 27 N SEBRING, FL 33870</b>				7. Name and Address of New Registered Agent Name <b>Kirouac, Stephen C.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2023 US 27 North</b> City <b>Sebring, FL</b> Zip Code <b>33870</b>	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KIROUAC, MICHAEL <input checked="" type="checkbox"/> Delete 2023 U.S. 27 N. SEBRING, FL 33870		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kirouac, Pamela A. 274 Lafayette Ave. Sebring, FL 33870	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KIROUAC, STEPHEN C <input type="checkbox"/> Delete 2023 U.S. 27 N. SEBRING, FL 33870		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  _____ Stephen C. Kirouac			Date <b>1/15/07</b> Daytime Phone # <b>863-385-2323</b>		

40021129



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