

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90022 038 ***150.00

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1. Entity Name

CREIGHTON ENTERPRISES, INC.



Principal Place of Business

1177 PARK AVENUE
SUITE 5
ORANGE PARK FL 32073
US

Mailing Address

1177 PARK AVENUE
SUITE 5
ORANGE PARK FL 32073
US

34023003



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3296098

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VOUTOUR, VANESSA
2305 OLD FERRY RD.
SUITE 3000
GREEN COVE SPRINGS FL 32073-32043

Where did you
get this from?

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PO
NAME VOUTOUR, VANESSA
STREET ADDRESS 2305 OLD PERRY RD. (Not Perry and you are trying
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043 in get you too fix it.)

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME Vanessa Voutour
STREET ADDRESS 2305 Old Perry Rd
CITY-ST-ZIP Green Cove Springs, FL 32043

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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:

Vanessa A. Voutour, Vanessa Voutour, President 1-26-04 904-278-2780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #