

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90232 016 ***150.00

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DOCUMENT # P95000029310					
1. Entity Name CREATIVE RESIDENTIAL DESIGN, INC.					
Principal Place of Business 2074 RAYMOND DIEHL RD TALLAHASSEE, FL 32308 US			Mailing Address 2074 RAYMOND DIEHL RD TALLAHASSEE, FL 32308 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-3314428			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HAHN, PHILIP M 2074 RAYMOND DIEHL RD TALLAHASSEE, FL 32308			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: <div style="float: right; text-align: right;"> 4-21-05 <small>DATE</small> </div>					
<small>(NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAHN, PHILIP		NAME	SANTANA, ANDRES C.	
STREET ADDRESS	5269 QUAIL VALLEY RD		STREET ADDRESS	1610 ALSHIRE COURT NORTH	
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP	TALLAHASSEE, FL 32317	
TITLE	S	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAHN, PHIL		NAME	HAHN, PHILIP	
STREET ADDRESS	5269 QUAIL VALLEY RD		STREET ADDRESS	5269 QUAIL VALLEY ROAD	
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	HANKS, SARAH	
STREET ADDRESS			STREET ADDRESS	1812 LILAC LANE	
CITY-ST-ZIP			CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE		<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	ELLER, CARRIE	
STREET ADDRESS			STREET ADDRESS	4791 B LEAH COURT	
CITY-ST-ZIP			CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(l), 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:			4-21-05 850-224-7526 <small>Date</small> <small>Daytime Phone #</small>		
<small>SIGNATURE AND TYPE-OR-PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					