

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90385 020 ***158.75

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1. Entity Name

CREATIVE CONCEPTS BY LIGHTÈQUE, INC.

Principal Place of Business

1899 KENTUCKY AVENUE
WINTER PARK FL 32789

Mailing Address

1899 KENTUCKY AVENUE
WINTER PARK FL 32789



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3318060

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUNN, COREY
1899 KENTUCKY AVE
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name DUNN, JEFFREY

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

1899 KENTUCKY AVE

City WINTER PARK

FL

Zip Code 32789

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

Jeffrey Dunn Jeffrey Dunn D.P.

4-12-07

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

(NOTE: Registered Agent signature required when re-instating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	D	<input checked="" type="checkbox"/> Delete
NAME	DUNN, COREY	
STREET ADDRESS	479 HOLBROOK CT	
CITY - ST - ZIP	LAKE MARY FL 32750	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFFREY A. DUNN	
STREET ADDRESS	2777 TEMPLE TRAIL	
CITY - ST - ZIP	WINTER PARK, FL. 32789	
TITLE	V, S, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETH GALL	
STREET ADDRESS	429 TULANE DR.	
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL. 32714	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Corey Dunn Director COREY DUNN

4/12/07

407-629-7643

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #