

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000014880

1. Entity Name

CREATIVE DESIGN SOLUTIONS, INC.



Principal Place of Business

2810 CLINE ST
TALLAHASSEE, FL 32308 US

Mailing Address

2810 CLINE ST
TALLAHASSEE, FL 32308 US



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3365352

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THORNBERRY, MARCIA DEEB
2810 CLINE ST
TALLAHASSEE, FL 32308

**DO NOT WRITE
IN THIS SPACE**

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000154604
05/05/04-80003-022 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME THORNBERRY, MARCIA D
STREET ADDRESS 2810 CLINE ST
CITY - ST - ZIP TALLAHASSEE, FL 32308

TITLE VP
NAME WEBSTER, JACQUELINE L
STREET ADDRESS 1112 WISTERIA DR.
CITY - ST - ZIP TALLAHASSEE, FL 32312

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4/28/04
Date

850-811-3149
Daytime Phone #