## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 10, 2004 08:00 AM **DOCUMENT # P98000009969 Secretary of State** 1. Entity Name CREATIVE DESIGNS LAWN MAINTENANCE & LANDSCAPING, INC. Principal Place of Business Mailing Address **612 SEA OATS DRIVE 612 SEA OATS DRIVE** DESTIN, FL 32541 DESTIN, FL 32541 01062004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3497144 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HAUGHT, BRUCE A DO NOT WRITE 501 HIGHWAY 98 E STE. G DESTIN, FL 32541 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 priviled name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE U00000082873 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. 03/10/04-80016-002 150.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME DUDLEY, ROBERT J STREET ADDRESS 612 SEA OATS DRIVE. CXY-SY-7IP DESTIN, FL 32541 Ø THLE DUDLEY, JANET D HASSE STREET ADDRESS 612 SEA OATS DRIVE CBY-ST-ZP **DESTIN, FL 32541** HILE NAME. STREET ADDRESS DO NOT WRITE CATY-ST-ZP MIF IN THIS SPACE NAME

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

STRIES ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-84

250-237-9488

**FILED** 

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