2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000015996

1. Entity Name
CREATIVE CUSTOM CABINETS, INC.

Principal Place of Business	Mailing Address
911 WOODROW WILSON STREET #8 PLANT CITY, FL 33566	PO BOX 1151 SEFFNER, FL 33584

DO NOT WRITE IN THIS SPACE

05042004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3486755	Not Applicable

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

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6. Name and Address of Current Registered Agent

COLEMAN, LARRY R
911 WOODROW WILSON STREET
STE 8
PLANT CITY, FL 33566

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 _Larry R. Coleman_   5/4/04

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $550.00 Due by September 8, 2004	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COLEMAN, LARRY R
STREET ADDRESS	911 WOODROW WILSON ST #8
CITY-ST-ZIP	PLANT CITY, FL 33566

TITLE	S
NAME	COLEMAN, MARY
STREET ADDRESS	911 WOODROW WILSON ST #8
CITY-ST-ZIP	PLANT CITY, FL 33566

TITLE	T
NAME	COLEMAN, MARY
STREET ADDRESS	911 WOODROW WILSON ST #8
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STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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)(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: _Mary Coleman_   5/4/04   813-764-0259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #