

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90677 004 ***150.00

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04222004 Chg-P CR2E034 (10/03)

DOCUMENT # P98000026370 1. Entity Name CREATIVE CONSULTANTS OF BREVARD COUNTY, INC.					
Principal Place of Business 4747 SOUTH WASHINGTON AVE #161 TITUSVILLE, FL 32780			Mailing Address 4747 SOUTH WASHINGTON AVE #161 TITUSVILLE, FL 32780		
2. Principal Place of Business 6890 Hundred Acres Drive		3. Mailing Address 6890 Hundred Acres Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Cocoa, Florida		City & State Cocoa, Florida		4. FEI Number 59-3500165	
Zip 32927		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BELTZNER, ROSALIE 4747 SOUTH WASHINGTON AVE #161 TITUSVILLE, FL 32780			7. Name and Address of New Registered Agent Name Beltzner, Rosalie Street Address (P.O. Box Number is Not Acceptable) 6890 Hundred Acres Drive City Cocoa FL Zip Code 32927		
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 <u><i>Rosalie Beltzner</i></u> Rosalie Beltzner <u>4/29/04</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	PD BELTZNER, ROSALIE <input type="checkbox"/> Delete 4747 SOUTH WASHINGTON AVE #161 TITUSVILLE, FL 32780		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Beltzner, Rosalie 6890 Hundred Acres Dr., Cocoa, Fl. 32927	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete BELTZNER, DALE 4747 SOUTH WASHINGTON AVE #161 TITUSVILLE, FL 32780		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Beltzner, Dale 6890 Hundred Acres Dr., Cocoa, Fl. 32927	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Rosalie Beltzner</i></u>		Rosalie Beltzner President		<u>4/29/04</u> (321) 636-1111	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	