

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000053023 1. Entity Name CREATIVE TRAVEL CONCEPTS, INC.	
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Principal Place of Business 943 GROVESMERE LOOP OCOE, FL 34761 US	Mailing Address 943 GROVESMERE LOOP OCOE, FL 34761 US
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DO NOT WRITE IN THIS SPACE



02152004 No Chg-P CR2E034 (10/03)

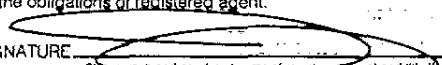
4. FEI Number 59-3516865	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

FLOURNOY, JEFFREY A
943 GROVESMERE LOOP
OCOE, FL 34761

**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:  DATE: 2/25/04

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

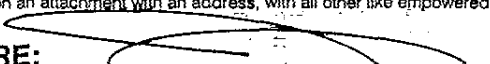
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000073048 03/02/04-80020-006 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD FLOURNOY, JEFFREY A 943 GROVESMERE LOOP OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD ULRICH, D K 943 GROVESMERE LOOP OCOE, FL 34761
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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)(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:  DATE: 02/25/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR