

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000085538

1. Entity Name  
CREATIVE COMMUNICATIONS OF HAVANA, INC.



Principal Place of Business  
67 CHEROKEE DR  
HAVANA, FL 32333

Mailing Address  
67 CHEROKEE DR  
HAVANA, FL 32333

FILED

06 MAY -2 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3552460

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

WALSH, GEORGE  
67 CHEROKEE DR  
HAVANA, FL 32333

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  
Due by September 6, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
D  
GORDON, PATRICIA  
STREET ADDRESS  
67 CHEROKEE DRIVE  
CITY-ST-ZIP  
HAVANA, FL 32333

TITLE  
NAME  
D  
WALSH, GEORGE  
STREET ADDRESS  
67 CHEROKEE DRIVE  
CITY-ST-ZIP  
TALLAHASSEE, FL 32303

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

900075019449  
05/22/06--01023--003 \*\*150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #