

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000103041

FILED  
Jan 07, 2004  
Secretary of State

**Entity Name:** CREATIVE CUSTOM DESIGNS, INC.

**Current Principal Place of Business:**

18410 SE LAKESIDE DRIVE  
TEQUESTA, FL 33469

**New Principal Place of Business:**

**Current Mailing Address:**

18410 SE LAKESIDE DRIVE  
TEQUESTA, FL 33469

**New Mailing Address:**

**FEI Number:** 65-0881177

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NOSSAL, JOHN M  
18410 SE LAKESIDE DRIVE  
TEQUESTA, FL 33469 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: NOSSAL, JOHN M  
Address: 18410 SE LAKESIDE DRIVE  
City-St-Zip: TEQUESTA, FL 33469

Title: V ( ) Delete  
Name: BESSENT, DAVID  
Address: 1521 TREEMONT AVE.  
City-St-Zip: TEQUESTA, FL 33469

Title: D ( ) Delete  
Name: NOSSAL, JANET M  
Address: 18410 SE LAKESIDE DRIVE  
City-St-Zip: TEQUESTA, FL 33469

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** JOHN M. NOSSAL

D

01/07/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date