




# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000060777</b> 1. Entity Name <b>CREATIVE FIELDS PUBLISHING, INC.</b>			
Principal Place of Business <b>3200 HENDERSON BLVD STE 100 TAMPA, FL 33609</b>		Mailing Address <b>3200 HENDERSON BLVD STE 100 TAMPA, FL 33609</b>	
<h2>DO NOT WRITE IN THIS SPACE</h2>			
 04212005    No Chg-P    CR2E034 (10/03)			
4. FEI Number <b>59-3600487</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HESSEMER, ERIC 1624 STORINGTON AVENUE TAMPA, FL 33511</b>		<h2>DO NOT WRITE IN THIS SPACE</h2>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<div style="font-family: monospace; font-size: 1.2em;">             U000000325981              04/23/05-80097-017 150.00           </div> <h2>DO NOT WRITE IN THIS SPACE</h2>	
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<b>D HESSEMER, CHARLES 3200 HENDERSON BLVD STE 100 TAMPA, FL 33609</b>		
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<b>DT HESSEMER, GREGORY 3613 HORATIO STREET TAMPA, FL 33609</b>		
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<b>DS HESSEMER, ERIC 1624 STORINGTON AVENUE TAMPA, FL 33511</b>		
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<b>DP YOUNG, TODD 1107 HOOVER MT. HOLLY, NC 28120</b>		
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>			
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>			
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.			
<b>SIGNATURE:</b> 		Date: <b>4/23/05</b> Daytime Phone #: <b>813-870-1900</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			