

2007 FOR PROFIT CORPORATION ANNUAL REPORT -

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90036 018 ***150.00

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1. Entity Name
**CREATIVE PROPERTY MANAGEMENT OF FLORIDA,
INC.**



Principal Place of Business
**5441 SW ORCHID BAY DR
PALM CITY, FL 34990**

Mailing Address
**5441 SW ORCHID BAY DR
PALM CITY, FL 34990**

SEE CHANGE



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02052007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number **65-0968154** Applied For
~~65-8968154~~ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AHAL, CRAIG
5441 SW ORCHID BAY DR
PALM CITY, FL 34990**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$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
**PVST
AHAL, CRAIG
5441 SW ORCHID BAY DR
PALM CITY, FL 34990** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
**D
AHAL, CRAIG
5441 SW ORCHID BAY DR
PALM CITY, FL 34990** ☐ Delete

TITLE
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☐ Change ☐ Addition

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 #

2/5/07