


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005 08:00 AM
Secretary of State

DOCUMENT # V64466
 1. Entity Name
CREATIVE CITRUS SERVICES, INC.



Principal Place of Business _____ Mailing Address _____
515 36TH AVE W, SUITE D **515 36TH AVE W, SUITE D**
BRADENTON, FL 34205 US **BRADENTON, FL 34205 US**



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0358005	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GABLER, JR MARTIN B.
515 36TH AVE W SUITE D
BRADENTON, FL 34205

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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 _____ (NOTE: Registered Agent Signature required when re-instating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GABLER, MARTIN B JR 2016 72ND ST NW BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHAMPLAIN, JOHN M JR 408 55TH ST. NW BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: M. Gabler 1-03-2005 941-708-5138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #