

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 20, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P94000082536**

1. Entity Name

**CREATIVE SALES & MARKETING, INC.**



Principal Place of Business

**3375 BLUEFISH DR  
HERNANDO BEACH, FL 34607 US**

Mailing Address

**3375 BLUEFISH DR  
HERNANDO BEACH, FL 34607 US**



01212006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3281966**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BRAULT, ELIZABETH L  
3375 BLUEFISH DR  
HERNANDO BEACH, FL 34607**

**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  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BRAULT, ROBERT M
STREET ADDRESS	3375 BLUEFISH DR
CITY-ST-ZIP	HERNANDO BEACH, FL 34607
TITLE	T
NAME	BRAULT, ELIZABETH
STREET ADDRESS	3375 BLUEFISH DR
CITY-ST-ZIP	HERNANDO BEACH, FL 34607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11000001441735  
03/03/06-80048-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 an other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert M. Brault Pres.**

**2-13-06**

Date

**352-653-4576**

Daytime Phone #