2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State
02-21-2008 90017 024 ***150.00

DOCUMENT # F98237

1. Entity Name
MOCCASIN CREEK ENTERPRISES, INC.

Principal Place of Business	Mailing Address
4000 VAILL POINT TERRACE ST AUGUSTINE, FL 32086	4000 VAILL POINT TERRACE ST AUGUSTINE, FL 32086

02152008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2304472 ☐ Applied For ☐ Not Applicable

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
WINKLER, DONALD A. 4000 VAILL POINT TERR. ST. AUGUSTINE, FL 32086	Name: Renee F. Winkler Street Address (P.O. Box Number is Not Acceptable): 4000 Vaill Point Terr. City: St. Augustine **FL** Zip Code: 32086

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 Renee F Winkler Renee F. Winkler P/T/S/D 02/16/08
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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PT WINKLER, DONALD A 4000 VAILL POINT TERRACE ST AUGUSTINE, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTSD Winkler, Renee F 4000 Vaill Point Terrace St Augustine, FL 32086	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WINKLER, DONALD A 4000 VAILL POINT TERRACE ST AUGUSTINE, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WINKLER, RENEE' F 4000 VALLI POINT TERRACE SAINT AUGUSTINE, FL 32086	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/S WINKLER, RENEE' F 4000 VALLI POINT TERRACE SAINT AUGUSTINE, FL 32086	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Renee F. Winkler Renee F. Winkler 02/16/08 (904)797-3357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #