


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J11248</b> 1. Entity Name <b>DAY CREEK CORPORATION</b>	
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<b>Principal Place of Business</b> % GEORGE A. MORRIS, M.D. 1011 JEFFORDS STREET SUITE C CLEARWATER, FL 33756 US	<b>Mailing Address</b> % GEORGE A. MORRIS, M.D. 1011 JEFFORDS STREET SUITE C CLEARWATER, FL 33756 US
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01122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2675929</b>	Applied For 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**

RAYMOND, J. PAUL  
625 COURT STREET  
CLEARWATER, FL 33756

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

U00000199707  
01/27/05-80095-010 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORRIS, GEORGE 1011 JEFFORDS ST CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST WILLIAMS, FRANK 1211 REYNOLDS AVE CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, FRANK 1211 REYNOLDS AVE CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAYMOND, J. PAUL 400 CLEVELAND ST CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:** \_\_\_\_\_ **1134/05 237-446-5923**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #