

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000104602  
 1. Entity Name  
 MAPLE CREEK FARMS, INC.



Principal Place of Business      Mailing Address  
 8120 BLAIKIE CT                      8120 BLAIKIE CT  
 SARASOTA, FL 34240                  SARASOTA, FL 34240



**DO NOT WRITE IN THIS SPACE**

01072005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 65-1147613      Not Applicable

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

6. Name and Address of Current Registered Agent  
 SHARELL, GILBERT J  
 707 GULFSTREAM AVENUE  
 #1008  
 SARASOTA, FL 34236

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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 reinstating) \_\_\_\_\_ 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

1100000184404  
 01/20/05-80023-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHARELL, GILBERT J
STREET ADDRESS	707 GULFSTREAM AVENUE, #1008
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	ST
NAME	BABCOCK, KATHLEEN
STREET ADDRESS	707 GULFSTREAM AVE #1008
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]*      01/14/05      941-378-2700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #