

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000783

Entity Name: CREEKMORE LIVINGSTON, INC.**Current Principal Place of Business:**6210 SCOTT STREET
SUITE 214
PUNTA GORDA, FL 33950**Current Mailing Address:**P.O. BOX 511385
PUNTA GORDA, FL 33951 US**FEI Number:** 52-1980826**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STRUNK, F. MICHAEL
6210 SCOTT STREET
SUITE 214
PUNTA GORDA, FL 33950 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CEO
Name	STRUNK, F. MICHAEL
Address	3724 SPOONBILL COURT
City-State-Zip:	PUNTA GORDA FL 33950

Title	D
Name	ONESKY, DONALD A
Address	4260 CORSO VENETIA BLVD
City-State-Zip:	VENICE FL 34293

Title	VP
Name	STRUNK, STEVEN D
Address	933 TROPICAL AVE., NW
City-State-Zip:	PORT CHARLOTTE FL 33948

Title	ST
Name	STRUNK, DOROTHY L
Address	3724 SPOONBILL COURT
City-State-Zip:	PUNTA GORDA FL 33950

Title	SVP
Name	HUGHES, MELISSA S
Address	823 SANTA MARGERITA LANE
City-State-Zip:	PUNTA GORDA FL 33950

Title	PRESIDENT
Name	THAEMERT, VIRGINIA N
Address	12720 LANDVIEW DR
City-State-Zip:	MANASSAS VA 20112

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: F. MICHAEL STRUNK

CEO AND CHAIRMAN

04/30/2015

Electronic Signature of Signing Officer/Director Detail_____
Date