

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000783

FILED
Apr 25, 2012
Secretary of State

Entity Name: CREEKMORE LIVINGSTON, INC.

Current Principal Place of Business:

6210 SCOTT STREET
SUITE 214
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 511385
PUNTA GORDA, FL 33951 US

New Mailing Address:

FEI Number: 52-1980826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRUNK, F. MICHAEL
6210 SCOTT STREET
SUITE 214
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: EVP
Name: THAEMERT, VIRGINIA N
Address: 12720 LANDVIEW DR
City-St-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

PCD

04/25/2012

Electronic Signature of Signing Officer or Director

Date