

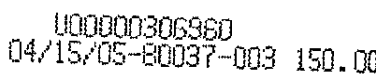
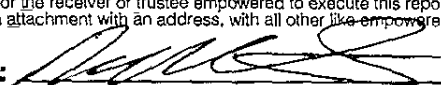


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # F36763 1. Entity Name CREEK FARMS CORP.			
Principal Place of Business 1 INDEPENDENT DR STE 1600 JACKSONVILLE, FL 32202 US		Mailing Address 1 INDEPENDENT DR SUITE 1600 JACKSONVILLE, FL 32202-5009 US	
DO NOT WRITE IN THIS SPACE			
		04042005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2151930	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHIELDS, DAVID R 1 INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE, FL 32202		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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		 DO NOT WRITE IN THIS SPACE	
TITLE	PD		
NAME	LOVETT, R. D.		
STREET ADDRESS	1 INDEPENDENT DR STE 1600		
CITY-ST-ZIP	JACKSONVILLE, FL 32202		
TITLE	VT		
NAME	SHIELDS, DAVID R		
STREET ADDRESS	1 INDEPENDENT DRIVE STE 1600		
CITY-ST-ZIP	JACKSONVILLE, FL 32202		
TITLE	S		
NAME	MELLO, JEANNINE		
STREET ADDRESS	1 INDEPENDENT DR STE 1600		
CITY-ST-ZIP	JACKSONVILLE, FL 32202		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: 		Date: 4-5-05 Daytime Phone #	