

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # H74388**

1. Entity Name  
**MAPLE CREEK PROPERTIES, INCORPORATED**



Principal Place of Business  
**9701 SUNNYOAK DRIVE  
RIVERVIEW, FL 33569 US**

Mailing Address  
**P O BOX 87  
RIVERVIEW, FL 33568 US**



04122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2577115</b>	Applied For <input type="checkbox"/> 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**

**SMOLEK, GARY W.  
4010 LEWIS SPEEDWAY STE 299  
ST AUGUSTINE, FL 32095**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000513115^M  
04/29/06-80119-004 150.00^M**

**10. OFFICERS AND DIRECTORS**

TITLE	DS
NAME	WILSON, MARGARET O.
STREET ADDRESS	12305 OLD MORRIS BRIDGE
CITY - ST - ZIP	TAMPA, FL

TITLE	DT
NAME	ECKHARDT, BEVERLY S.
STREET ADDRESS	9701 SUNNYOAK DRIVE
CITY - ST - ZIP	RIVERVIEW, FL

TITLE	DC
NAME	SMOLEK, MICHAEL A.
STREET ADDRESS	47516 LUCAS COVE DR
CITY - ST - ZIP	ST MARY'S, MD

TITLE	D
NAME	SMOLEK, GARY W.
STREET ADDRESS	4 E PARK AVENUE
CITY - ST - ZIP	ST. AUGUSTINE, FL

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 exemptions contained in Chapter 119, 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:** *Beverly S. Eckhardt* **Beverly S. Eckhardt** **4/12/06** **813/677-0798**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #