

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
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



04162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2577115

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

U60000308916
05/08/08-80050-003 150.00

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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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/08
Date

813/340-8690
Daytime Phone #