

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H74388

FILED
Mar 21, 2009
Secretary of State

Entity Name: MAPLE CREEK PROPERTIES, INCORPORATED

Current Principal Place of Business:

9701 SUNNYOAK DRIVE
RIVERVIEW, FL 33569 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 87
RIVERVIEW, FL 33568 US

New Mailing Address:

9701 SUNNYOAK DRIVE
RIVERVIEW, FL 33569 US

FEI Number: 59-2577115

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: WILSON, MARGARET O.,
Address: 12305 OLD MORRIS BRIDGE
City-St-Zip: TAMPA, FL

Title: DT () Delete
Name: ECKHARDT, BEVERLY S.,
Address: 9701 SUNNYOAK DRIVE
City-St-Zip: RIVERVIEW, FL

Title: DC () Delete
Name: SMOLEK, MICHAEL A.,
Address: 47516 LUCAS COVE DR
City-St-Zip: ST MARY'S, MD

Title: D () Delete
Name: SMOLEK, GARY W.,
Address: 4 E PARK AVENUE
City-St-Zip: ST. AUGUSTINE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: WILSON, MARGARET O.,
Address: 259 COURTYARDS BLVD., APT. 205
City-St-Zip: SUN CITY CENTER, FL 33573

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BEVERLY S. ECKHARDT

DT

03/21/2009

Electronic Signature of Signing Officer or Director

_____ Date