



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90009 016 ***150.00

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|--|--|---|--|---|--|
| DOCUMENT # J64928 1. Entity Name THREE CREEKS, INC. | | | |  | |
| Principal Place of Business 118 WEST ADAMS ST 10TH FL 118 WEST ADAMS STREET, SUITE 600 JACKSONVILLE, FL 32202 US | | | Mailing Address 118 WEST ADAMS ST 10TH FL 118 WEST ADAMS STREET, SUITE 600 JACKSONVILLE, FL 32202 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | | |
| 6. Name and Address of Current Registered Agent SCHULTZ, JOHN R. 118 WEST ADAMS STREET 6TH FLR JACKSONVILLE, FL 32202 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCHULTZ, JOHN R. <input type="checkbox"/> Delete 118 W ADAMS ST 6TH FL JACKSONVILLE, FL | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JOHN R SCHULTZ 118 W ADAMS ST, 6th fl JACKSONVILLE FL 32202 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FOSTER, SCOTT R. <input checked="" type="checkbox"/> Delete 118 W ADAMS ST 10TH FL JACKSONVILLE, FL | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PAJCIC, STEPHEN J. <input type="checkbox"/> Delete 2800 INDEPENDENT SQUARE JACKSONVILLE, FL | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECTREAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GLADYS STEWART 118 W ADAMS ST, 6th fl JACKSONVILLE, FL 32202 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 1-27-04 904-354-3603 _____ Date Daytime Phone # | | |
| JOHN R. SCHULTZ | | | | | |