

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90505 011 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

| | | | |
|---|---|---|--|
| 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 118 W. Adams St. Suite, Apt. #, etc. Suite 600 City & State Jacksonville, FL Zip 32202 Country US | | 3. Mailing Address 118 W. Adams St. Suite, Apt. #, etc. Suite 600 City & State Jacksonville, FL Zip 32202 Country US | |
| | | | |
| | | 04262005 Chg-P CR2E034 (10/03) | |
| 4. FEI Number 59-2788586 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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) DATE</small> | | | |
| 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | P SCHULTZ, JOHN R. <input type="checkbox"/> Delete | TITLE | PSTD Schultz, John <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHULTZ, JOHN R. | NAME | Schultz, John |
| STREET ADDRESS | 118 W ADAMS ST 6TH FL | STREET ADDRESS | 118 W. Adams St, Suite 600 |
| CITY-ST-ZIP | JACKSONVILLE, FL 32202 | CITY-ST-ZIP | Jacksonville, FL 32202 |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PAJCIC, STEPHEN J. | NAME | |
| STREET ADDRESS | 2800 INDEPENDENT SQUARE | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE, FL | CITY-ST-ZIP | |
| TITLE | ST <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEWART, GLADYS | NAME | |
| STREET ADDRESS | 118 W. ADAMS ST 6TH FL | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32202 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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)(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: President | | 4-29-05 904-354-3603 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |