


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L06772 1. Entity Name ROCKY CREEK INVESTMENTS, INC.	
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Principal Place of Business % THOMAS M. DIGNAM 3579 SOUTH ACCESS ROAD, SUITE L ENGLEWOOD, FL 34224	Mailing Address ROCKY CREEK INVESTMENTS PO BOX 974 ENGLEWOOD, FL 34295
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0146851	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DIGNAM, THOMAS M. 1201 S MCCALL RD ENGLEWOOD, FL 34223
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DIGNAM, THOMAS M. 1201 S MCCALL RD ENGLEWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS NEWELL, DARRYL 3579 S ACCESS RD. ENGLEWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DIGNAM, DAVID 1201 SOUTH MCCALL ROAD ENGLEWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CHIRILLO, JOE 190 DEARBORN WEST ENGLEWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

1100000182150
01/18/05-80017-006 150.00

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 another like empowered.

SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 7-10-05 <small>Date</small>	Daytime Phone # (941) 474-6715 <small>Daytime Phone #</small>
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