


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L06772 1. Entity Name ROCKY CREEK INVESTMENTS, INC.		
Principal Place of Business 1201 S MCALL RD. ENGLEWOOD, FL 34223	Mailing Address ROCKY CREEK INVESTMENTS PO BOX 974 ENGLEWOOD, FL 34295	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DIGNAM, THOMAS M. 1201 S MCCALL RD ENGLEWOOD, FL 34223		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 _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		
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		
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 authorized 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 which is not otherwise authorized.		
SIGNATURE _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0146851

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

000000616169
02/07/07-80018-006 150.00

**DO NOT WRITE
IN THIS SPACE**

1-17-06 94-474-857