


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000001513 1. Entity Name COLT CREEK, INC.	
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Principal Place of Business 1420 S. FLORIDA AVE. LAKELAND, FL 33803	Mailing Address 1420 S. FLORIDA AVE. LAKELAND, FL 33803
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03172005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3630892	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 HARPER, ROBERT F III 1420 S. FLORIDA AVE. LAKELAND, FL 33803
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PARRISH, DUKE 6700 S FLORIDA AVENUE, #20 LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PEACE, WAYNE 2325 S FLORIDA AVENUE LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HARPER, ROBERT F III 1420 S FLORIDA AVENUE LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/21/05-80040-014 61.25

**DO NOT WRITE
IN THIS SPACE**

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/05
Date

687-8020
Daytime Phone #