

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

**FILED**  
**Mar 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000002403**

1. Entity Name  
**SUGAR CREEK ENTRANCE, INC.**



Principal Place of Business  
**12718 SUGAR CREEK BLVD  
HUDSON, FL 34669**

Mailing Address  
**12718 SUGAR CREEK BLVD  
HUDSON, FL 34669**



01102005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3377184**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**INGLIS, JOHN S  
C/O SHUMAKER, LOOP & KENDRICK  
101 E KENNEDY BLVD, SUITE 2800  
TAMPA, FL 33602**

**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  
**D  
HALE, LOUISE  
13048 PINNACLE LANE  
HUDSON, FL 34669**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BRANCHE, NOLA  
12718 SUGAR CREEK BLVD  
SPRING HILL, FL 34609**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BRITTON, SANDRA  
13034 TITTLEIST DRIVE  
HUDSON, FL 34669**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ROGERS, CAROLYN  
12656 SHADOW RIDGE BLVD  
HUDSON, FL 34669**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SPAGNUOLO, VICTORIA  
12518 HOLLYBROOK LANE  
HUDSON, FL 34669**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BRANCHE, CALVIN  
12718  
HUDSON, FL 34669**

U00000270143  
03/19/05-80038-024 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 all other like empowered.

SIGNATURE

*Nola H. Branche Treasurer*

8/11/05 727-854-3187