

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 A
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**



01102008 No Chg-NP

CR2E037 (4/06)

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, 2008**

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 HUDSON, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANCHE, CALVIN 12718 SUGAR CREEK BLVD 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 MILLER, VICTORIA 13033 SUSAN CREEK BLVD HUDSON, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, JOHN 12427 SMOKEY DRIVE HUDSON, FL 34669

U00000784013
01/16/08-80038-020 61.25

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IN THIS SPACE**

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 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 Branche

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/08

Date

727-856-3187

Daytime Phone #