

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000024609

1. Entity Name
SUGAR CREEK, INC.



Principal Place of Business
1773 SOUTHWEST 43RD AVENUE
FORT LAUDERDALE, FL 33317

Mailing Address
1773 SOUTHWEST 43RD AVENUE
FORT LAUDERDALE, FL 33317



01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GROGAN, CHARLES W
1773 SOUTHWEST 43RD AVENUE
FORT LAUDERDALE, FL 33317

**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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000833848 :
02/28/08-80028-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GROGAN, CHARLES 1773 SW 43 AVE FORT LAUDERDALE, FL 33317
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GROGAN, SARA 1773 SW 43 AVE FORT LAUDERDALE, FL 33317
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GROGAN, CHARLES 1773 SW 43 AVE FORT LAUDERDALE, FL 33317
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
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 607, 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:

Sara Grogan
Sara Grogan

SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR

02-19-08, Dec.

Date

Daytime Phone #