

**2009**  
**2008 FOR PROFIT CORPORATION**  
**ANNUAL REPORT**

DOCUMENT # P0000024609

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

**FILED**

09 FEB 26 PM 4:54

CLERK OF THE STATE  
TALLAHASSEE, FLORIDA



01212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GROGAN, CHARLES 1773 SW 43 AVE FORT LAUDERDALE, FL 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GROGAN, SARA 1773 SW 43 AVE FORT LAUDERDALE, FL 33317
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	

900144515059  
02/26/09--01029--006 \*\*150.00

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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 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, S.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-16-09  
Date Daytime Phone

*Handwritten signature and date 2/26/09*