

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90006 022 ***150.00

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1. Entity Name
CREECH ENTERPRISES, INCORPORATED



Principal Place of Business
**2960 S. NOVA ROAD
SOUTH DAYTONA, FL 32119 US**

Mailing Address
**2960 S. NOVA ROAD
SOUTH DAYTONA, FL 32119 US**

40047579



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

02262008 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
16-1646047

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PYLE, MICHAEL
1655 N CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32118**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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	P	<input type="checkbox"/> Delete
NAME	CREECH, SHELBERT III	
STREET ADDRESS	1755 CREEK WATER BLVD	
CITY-ST-ZIP	PORT_ORANGE, FL 32127	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	CREECH, AARON	
STREET ADDRESS	2960 S. NOVA RD	
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119	
TITLE	S	<input type="checkbox"/> Delete
NAME	CREECH, LOWERY	
STREET ADDRESS	2960 S. NOVA RD	
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119	
TITLE	T	<input type="checkbox"/> Delete
NAME	CREECH, SHELBERT P JR	
STREET ADDRESS	3231 SPRUCE CREEK BLVD	
CITY-ST-ZIP	DAYTONA BCH., FL 32128	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Sherbert P Creech Jr
SHELBERT P CREECH JR

2/28/08 386.767.7721

Date

Daytime Phone #