


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90050 014 ***150.00

DOCUMENT # P01000009152	
1. Entity Name ROCKY CREEK PROPERTIES, INC.	

Principal Place of Business 1678 ALGONQUIN DRIVE CLEARWATER, FL 33755	Mailing Address 1678 ALGONQUIN DRIVE CLEARWATER, FL 33755
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2. Principal Place of Business 7615 W. NEWCASTLE CT	3. Mailing Address 7615 W. NEWCASTLE CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DUNNELLON FL	City & State DUNNELLON FL
Zip 34433	Zip 34433
Country USA	Country USA



01052004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3690428	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHONTZ, ANITA 1678 ALGONQUIN DRIVE CLEARWATER, FL 33755	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7615 W. NEWCASTLE CT. City DUNNELLON FL Zip Code 34433
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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 *Anita Shontz* (NOTE: Registered Agent signature required when reinstating) DATE 4/21/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHONTZ, CARY 1678 ALGONQUIN DRIVE CLEARWATER, FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7615 W. NEWCASTLE CT. DUNNELLON FL 34433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHONTZ, ANITA 1678 ALGONQUIN DRIVE CLEARWATER, FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7615 W. NEWCASTLE CT. DUNNELLON FL 34433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHONTZ, ANITA 1678 ALGONQUIN DR CLEARWATER, FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7615 W. NEWCASTLE CT DUNNELLON FL 34433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHONTZ, ANITA 1678 ALGONQUIN DR CLEARWATER, FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7615 W. NEWCASTLE CT DUNNELLON FL 34433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *Anita Shontz* 4/21/04 (352) 795 5220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #