
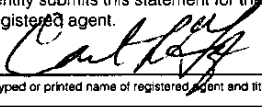
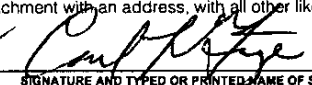


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90031 006 ***150.00

DOCUMENT # P01000063620 1. Entity Name THE CREEK GROUP OF FLORIDA, INC.					
Principal Place of Business 100 FRANDORSON CIRCLE SUITE 103 APOLLO BEACH, FL 33572			Mailing Address P. O. BOX 3415 APOLLO BEACH, FL 33572		
2. Principal Place of Business 1312 S. Apollo Beach Blvd			3. Mailing Address SAME		
Suite, Apt. #, etc. SUITE G			Suite, Apt. #, etc. 		
City & State APOLLO BEACH, FL			City & State 		
Zip 33572		Country USA		4. FEI Number 80-0021512	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRYE, CARL L SR. 100 FRANDORSON CIRCLE SUITE 103 APOLLO BEACH, FL 33572			7. Name and Address of New Registered Agent Name CARL FRYE SR Street Address (P.O. Box Number is Not Acceptable) 1019 NEW WINDSOR LOOP City SUN CITY CENTER FL Zip Code 33573		
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 				DATE 1/28/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAM FRYE, DOUGLAS 1019 NEW WINDSOR LOOP SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM FRYE, CARL L SR. 100 FRANDORSON CIRCLE SUITE 103 APOLLO BEACH, FL 33572	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: 				Date 1/28/06 813-1645-6333	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	