

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 14, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000024333

1. Entity Name
ROCKY CREEK, INC.



Principal Place of Business
**94 HARBOR OAKS CIRCLE
SAFETY HARBOR, FL 34695**

Mailing Address
**94 HARBOR OAKS CIRCLE
SAFETY HARBOR, FL 34695**



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1954886	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

**SUNSKI, MATTHEW
94 HARBOR OAKS CIRCLE
SAFETY HARBOR, FL 34695**

**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 reinstalling)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SUNSKI, MATTHEW
STREET ADDRESS	94 HARBOR OAKS CIRCLE
CITY-ST-ZIP	SAFETY HARBOR, FL 34695

TITLE	D
NAME	SUNSKI, LAWRENCE E
STREET ADDRESS	94 HARBOR OAKS CIRCLE
CITY-ST-ZIP	SAFETY HARBOR, FL 34695

TITLE	
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02/14/05-80038-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence E. Sunski 2/11/05 (727) 536-6900

Date

Daytime Phone #