2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 21, 2005 08:00 AM **POCUMENT # P02000067128 Secretary of State NICKEY CREEK CORPORATION** *rincipal Place of Business Mailing Address 18141 CALLE RD. 18141 CALLE RD. NORTH FORT MYERS, FL 33917 NORTH FORT MYERS, FL 33917 CR2E034 (10/03) 03052005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3694656 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROEDER, MICHAEL E DO NOT WRITE 1625 HENDRY ST., SUITE 301 FT, MYERS, FL 33901 IN THIS SPACE 5. 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, typed or printed name of registered agent and title if applicable, (NOTE, Registered Agont signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PDS ROEDER, MICHAEL E NAME STREET ADDRESS 1625 HENDRY ST., SUITE 301 CITY-ST-ZIP FT. MYERS, FL 33901 ±U00000271546 TITLE 93/21/05-80051-023 150.00 PENFIELD, MARK NAME STREET ADDRESS 18141 NALLE ROAD CITY-ST-ZIP NORTH FORT MYERS, FL 33917 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 eath, 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/05

254872-4028

Daylime Phone #

FILED