

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000099071

1. Entity Name  
FOREST CREEK, INC.



Principal Place of Business

557 N. WYMORE ROAD  
SUITE 102  
MAITLAND, FL 32751

Mailing Address

557 N. WYMORE ROAD  
SUITE 102  
MAITLAND, FL 32751



04022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
55-0798906

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

GALLIMORE, ELLSWORTH G  
557 N. WYMORE ROAD  
SUITE 102  
MAITLAND, FL 32751

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

000000116589  
04/16/04-80070-022 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GALLIMORE, ELLSWORTH G  
STREET ADDRESS 557 N. WYMORE ROAD, SUITE 102  
CITY-ST-ZIP MAITLAND, FL 32751

TITLE VTD  
NAME GALLIMORE, SHIRLEY P  
STREET ADDRESS 557 N. WYMORE ROAD, SUITE 102  
CITY-ST-ZIP MAITLAND, FL 32751

TITLE VS  
NAME WARD, LOUISE A  
STREET ADDRESS 557 N. WYMORE ROAD, SUITE 102  
CITY-ST-ZIP MAITLAND, FL 32751

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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)(f), 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:

*Louise A. Ward*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Louise A. Ward, Vice President

4/14/2004

(407) 667-0100

Date

Daytime Phone #