


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 31, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000099071</b>	
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
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**DO NOT WRITE IN THIS SPACE**



03182005 No Chg-P CR2E034 (10/03)

4. FEI Number 55-0798906	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALLIMORE, ELLSWORTH G 557 N. WYMORE ROAD, SUITE 102 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GALLIMORE, SHIRLEY P 557 N. WYMORE ROAD, SUITE 102 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WARD, LOUISE A 557 N. WYMORE ROAD, SUITE 102 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000282453  
03/31/05-80044-009 150.00

**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)(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, V.P.* **3/29/2005** **(407) 667-0100**

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

Date Daytime Phone #