


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P02000132630 <b>1. Entity Name</b> CREEK INVESTORS CORP. OF FLORIDA	
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<b>Principal Place of Business</b> 2465 POINCIANA CT. WESTON, FL 33327	<b>Mailing Address</b> 2465 POINCIANA CT. WESTON, FL 33327
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05252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 02-0658195	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  STRENT, GERALD 2465 POINCIANA CT. WESTON, FL 33327	<b>DO NOT WRITE IN THIS SPACE</b>
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**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 reappointing) DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> P <b>NAME</b> STRENT, GERALD <b>STREET ADDRESS</b> 2465 POINCIANA CT. <b>CITY-ST-ZIP</b> WESTON, FL 33327	<b>DO NOT WRITE IN THIS SPACE</b>  U00000369335 06/10/05-80002-005 550.00
<b>TITLE</b> VP <b>NAME</b> STRENT, MARIE <b>STREET ADDRESS</b> 2465 POINCIANA COURT <b>CITY-ST-ZIP</b> WESTON, FL 33327	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	
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<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	

**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 Date Daytime Phone #