2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000051548

1. Entity Name

DEEP CREEK PLANTATION DEVELOPMENT COMPANY



FILED Apr 17, 2008 08:00 A Secretary of State

Principal Place of Business

5345 ORTEGA BLVD.

SUITE 7

JACKSONVILLE, FL 32210

Mailing Address

5345 ORTEGA BLVD.

SUITE 7

JACKSONVILLE, FL 32210



DO NOT	WRITE	IN THIS	SPACE	

04152008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0235723

Applied For
Not Applicable

5. Certificate of Status Desired

\$3.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEDEKIND, LEE D JR. 5345 ORTEGA BLVD. SUITE 7 JACKSONVILLE, FL 32210

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. 1 am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little	f applicable (NOTE Booistare)	d Agent signature	required when reinstaling)	DATE
	Signature, types or printed name or registered againt and time.	ii applicable (NOTE, neglislarec	n võent siñustnie	recolled witer remistating)	DAIL
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D WEDEKIND, LEE D JR. 5345 ORTEGA BLVD., STE. 7 JACKSONVILLE, FL 32210				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000903220 -04/30/08-80037-008 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SUNTER AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.15.08

904 388 0068

Daytime Phone ≢