


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90058 026 \*\*\*150.00

**DOCUMENT # P03000063525**

1. Entity Name  
**OWL CREEK INVESTMENTS, INC.**



Principal Place of Business  
 1217 CAPE CORAL PKWY  
 CAPE CORAL, FL 33904-960 4

Mailing Address  
 1217 CAPE CORAL PKWY  
 CAPE CORAL, FL 33904-960 4

**94043425**



2. Principal Place of Business  
**851 W SR 436**  
 Suite, Apt. #, etc.  
**1095**

3. Mailing Address  
**851 W SR 436**  
 Suite, Apt. #, etc.  
**1095**

02132004 Chg-P CR2E034 (10/03)

City & State  
~~ALTA MONTES SPRINGS, FL~~ **ALTA MONTES SPRINGS, FL**

City & State  
~~ALTA MONTES SPRINGS, FL~~ **ALTA MONTES SPRINGS, FL**

Zip  
**32714** Country **USA**

Zip  
**32714** Country **USA**

4. FEI Number  
**57-1170815**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**PRESIDENTIAL SERVICES INCORPORATED**  
 1217 CAPE CORAL PKWY  
 CAPE CORAL, FL 33904-960

7. Name and Address of New Registered Agent

Name  
**Jean B. Matonis**

Street Address (P.O. Box Number is Not Acceptable)  
~~2525 Greenacre Rd~~

City  
**Apopka** FL Zip Code **32703**

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: *Jean B. Matonis* **JEAN B. MATONIS, PRES 4/1/04**  
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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPVS MATONIS, JOAN B 2525 GREENACRE RD APOPKA FL 32703</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jean B. Matonis* **JEAN B. MATONIS, PRES 4/1/04** **407 788-2062**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #