

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90202 003 \*\*\*150.00

**DOCUMENT # P03000063525**

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



Principal Place of Business  
**222 S WESTMONTE DR  
 ALTAMONTE SPRINGS, FL 32714**

Mailing Address  
**222 S WESTMONTE DR  
 ALTAMONTE SPRINGS, FL 32714**

40057013



2. Principal Place of Business - No P.O. Box #  
**1052 W. STATE ROAD 436**

3. Mailing Address  
**1052 W. STATE RD 436**

Suite, Apt. #, etc.  
**STE 1064**

Suite, Apt. #, etc.  
**SUITE 1064**

02282008 Chg-P CR2E034 (12/06)

City & State  
**ALTAMONTE SPRINGS, FL**

City & State  
**ALTAMONTE SPRINGS, FL**

Zip  
**32714**

Country  
**US**

Zip  
**32714**

Country  
**US**

4. FEI Number  
**57-0170815**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**MATONIS, JOAN B  
 2525 GREENACRE RD  
 APOPKA, FL 32703**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS MATONIS, JOAN B 2525 GREENACRE RD APOPKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: Joan B Matonis **JOAN B MATONIS** **3/1/08** **407 788 2062**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #