

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



02282008

Chg-P

CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

1052 W. STATE ROAD 436

Suite, Apt. #, etc.

STE 1064

City & State

ALTAMONTE SPRINGS, FL

Zip

32714

Country

US

3. Mailing Address

1052 W. STATE ROAD 436

Suite, Apt. #, etc.

SUITE 1064

City & State

ALTAMONTE SPRINGS, FL

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

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, 2008 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
DPVS
MATONIS, JOAN B
2525 GREENACRE RD
APOPKA, FL 32703 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/08

Date

407 788 2062

Daytime Phone #