
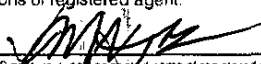
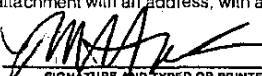


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90099 033 \*\*\*150.00

<b>DOCUMENT # P03000126442</b> 1. Entity Name <b>MAPLECREEK ENTERPRISES, INC.</b>					
Principal Place of Business <b>13353 N. BRANCH ROAD</b> <b>SARASOTA, FL 34240</b> <b>US</b>			Mailing Address <b>5900 S. TAMiami TRAIL</b> <b>SUITE I</b> <b>SARASOTA, FL 34231</b> <b>US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>13353 N. Branch Rd</b> Suite, Apt. #, etc.		<b>54060568</b>	
City & State City: <b>Sarasota</b> State: <b>FL</b>		City & State City: <b>Sarasota</b> State: <b>FL</b>		4. FEI Number <b>600-0005245</b>	
Zip <b>34240</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TRACY, CATHERINE L</b> <b>5900 S. TAMiami TRAIL</b> <b>SUITE #1</b> <b>SARASOTA, FL 34231</b>				7. Name and Address of New Registered Agent Name: <b>Melinda Holmes</b> Street Address (P.O. Box Number is Not Acceptable): <b>13353 N. Branch Rd</b> City: <b>Sarasota</b> State: <b>FL</b> Zip Code: <b>34240</b>	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HOLMES, MELINDA</b> <b>13353 N. BRANCH ROAD</b> <b>SARASOTA, FL 34240</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HOLMES, MELINDA</b> <b>13353 N. BRANCH ROAD</b> <b>SARASOTA, FL 34240</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HOLMES, MELINDA</b> <b>13353 N. BRANCH ROAD</b> <b>SARASOTA, FL 34240</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOLMES, MELINDA</b> <b>13353 N. BRANCH ROAD</b> <b>SARASOTA, FL 34240</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			
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 #: _____					

*Atchman*

54060568

MAPLECREEK ENTERPRISES, INC.  
13353 N. BRANCH ROAD  
SARASOTA, FL 34240

July 1, 2004

Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

Re: 2004 Annual Report  
Document #P03000126442

To Whom It May Concern:

Enclosed please find a check for \$150.00 for the above report.

Please be advised that I have relocated and I was just notified by my accountant to write you a letter.

Please send all correspondence and etc to 13353 N. Branch Road – Sarasota, FL 34240.

Thank you for your immediate attention to the above.

Sincerely,



Melinda Holmes,  
President