2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 30, 2005
Secretary of State

DOCUMENT# P04000033842

Entity Name: THE CREEK TRIMMERS, INC.

Current Principal Place of Business:

6901 BLOSSOM HILL RD
WEWAHITCHKA, FL 32465

New Principal Place of Business:

Current Mailing Address:

6901 BLOSSOM HILL RD
WEWAHITCHKA, FL 32465

New Mailing Address:

FEI Number: 20-0765559 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WARD, WANDA
6901 BLOSSOM HILL RD
WEWAHITCHKA, FL 32465 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WARD, WANDA
Address: 6901 BLOSSOM HILL RD
City-St-Zip: WEWAHITCHKA, FL 32465

Title: ST ( ) Delete
Name: ROLLINS, MICHAL J
Address: 266 KAY AVE
City-St-Zip: WEWAHITCHKA, FL

Title: VP ( ) Delete
Name: THORSBY, JONATHAN A
Address: 1320 WOODWARD AVE
City-St-Zip: PORT ST JOE, FL 32456

Title: VP ( ) Delete
Name: BROCK, JOE
Address: 467 ANGLE FISH
City-St-Zip: PORT ST JOE, FL 32456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change ( ) Addition
Name: PARKER, JASON A
Address: 1048 WEST GULF BEACH DRIVE
City-St-Zip: ST GEORGE ISLAND, FL 32328

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WANDA WARD P 11/30/2005

Electronic Signature of Signing Officer or Director Date