

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000033842

FILED  
Jan 31, 2006  
Secretary of State

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

Title: VP (X) Change ( ) Addition  
Name: BATEMAN, JAMIE  
Address: 1111 GARRISON AVE  
City-St-Zip: PORT ST JOE, FL 32456

Title: S (X) Change ( ) Addition  
Name: HEMANES, BRIAN  
Address: 134 VENIES DRIVE  
City-St-Zip: PORT ST JOE, FL 32456

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

01/31/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date