

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000020501

1. Entity Name
MARSH CREEK CLUB CORPORATION



Principal Place of Business
169 MARSHSIDE DR
SAINT AUGUSTINE, FL 32084

Mailing Address
4314 PABLO OAKS CT
JACKSONVILLE, FL 32224

**FILED
Feb 16, 2005 08:00 AM
Secretary of State**



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 593247971	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KLINEPETER, ANNE T
4314 PABLO OAKS COURT
JACKSONVILLE, FL 32224

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME O'STEEN, ROGER M
STREET ADDRESS 4314 PABLO OAKS CT
CITY-ST-ZIP JACKSONVILLE, FL 32224

0000000231573
02/16/05-80035-020 150.00

TITLE VP
NAME BARBOUR, GREGORY J.
STREET ADDRESS 169 MARSHSIDE DRIVE
CITY-ST-ZIP ST. AUGUSTINE, FL

TITLE D
NAME KLINEPETER, ANNE T
STREET ADDRESS 4314 PABLO OAKS COURT
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE S
NAME OWENS, LAUREN L.
STREET ADDRESS 4314 PABLO OAKS CT
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *A. J. Klinepeter Anne T. Klinepeter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-05

904-992-9150

Date

Daytime Phone #