

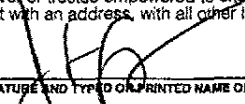


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000079763		
1. Entity Name PIPE CREEK, INC.		
Principal Place of Business 702 GOODLETTE ROAD NO STE #100 NAPLES, FL 34102 US		Mailing Address 702 GOODLETTE ROAD NO STE #100 NAPLES, FL 34102 US
		
01252005 No Chg-P CR2E034 (10/03)		
4. FEI Number 65-0614577		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
STROHMEYER, JON F 702 GOODLETTE RD SUITE 100 NAPLES, FL 34102		
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STROHMEYER, JON F 702 GOODLETTE RD NO SUITE 100 NAPLES, FL 34102	000000200996 01/28/05-80050-015 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STROHMEYER, CYNTHIA R 702 GOODLETTE RD NO SUITE 100 NAPLES, FL 34102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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:  Jon F. Strohmeyer, MD 1/25/05 239-261-5525		