2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000039831

1. Entity Name
CRICKET CREEK CORPORATION

Principal Place of Business	Mailing Address
3670 U.S. 1 SOUTH STE. 270 ST. AUGUSTINE, FL 32086	3670 U.S. 1 SOUTH STE. 270 ST. AUGUSTINE, FL 32086

DO NOT WRITE IN THIS SPACE

01152008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3385301	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

POLLARD, DARNELL
3670 U.S. 1 SOUTH, STE. 270
ST. AUGUSTINE, FL 32086

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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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	POLLARD, DARNELL
STREET ADDRESS	3670 U.S. 1 SOUTH, STE. 270
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086

TITLE	VS
NAME	LAMENDOLA, BEN
STREET ADDRESS	905 REDBUD TRAIL
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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02/15/08-80017-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: X _Darnell Pollard_   2-4-08   904-797-5002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #