

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000028983

1. Entity Name
MILL CREEK MANAGEMENT, INC.



Principal Place of Business
1400 10TH AVE.
VERO BEACH, FL 32960

Mailing Address
1400 10TH AVE.
VERO BEACH, FL 32960

FILED

05 MAY -3 PM 5:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04222005 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0744806

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RUSSELL, ROBERT V
732 BROADWAY
VERO BEACH, FL 32960

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
DPS
RUSSELL, ROBERT V
1400 10TH AVE.
VERO BEACH, FL 32960

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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: *[Signature]* x 4-29-05 x 772-562-3384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #