



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90048 028 ***150.00

DOCUMENT # P97000072577 1. Entity Name NORTH CREEK DEVELOPMENT, INC.					
Principal Place of Business 8830 S. TAMiami TrL SARASOTA, FL 34238 US			Mailing Address 2525 BAYSHORE ROAD NOKOMIS, FL 34275		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2500 Bayshore RD Suite, Apt. #, etc.			
City & State Zip		City & State NOKOMIS, FL Zip 34275		4. FEI Number 65-0775585 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01032005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent RASMUSSEN, PAMELA 2525 BAYSHORE ROAD NOKOMIS, FL 34275			7. Name and Address of New Registered Agent Name Rasmussen, PAMELA Street Address (P.O. Box Number is Not Acceptable) 2500 Bayshore RD City NOKOMIS, FL Zip Code 34275		
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 <u><i>Pamela Rasmussen</i></u> DATE <u>3/21/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RASMUSSEN, PAMELA 2525 BAYSHORE RD NOKOMIS, FL 34275	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2500 Bayshore RD NOKOMIS, FL 34275	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Pamela Rasmussen</i></u> <u>PAMELA RASMUSSEN</u> <u>3/21/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

941-870-5633