2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000063465

1. Entity Name

NORTH CREEK CONSTRUCTION, INC.



FILED Apr 23, 2007 08:00 Al Secretary of State

Principal Place of Business

3333 CLARK ROAD SARASOTA, FL 34231 Mailing Address

3333 CLARK ROAD SARASOTA, FL 34231



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 No Chg-P
 CR2E034 (11/05)

 4. FEI Number 65-0934707
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RASMUSSEN, WAYNE 3333 CLARK ROAD SARASOTA, FL 34231

DO NOT WRITE IN THIS SPACE

			,			
the obliga	e named entity submits this statement for the p tions of registered agent.	urpose of changing its register	red office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title i	applicable. (NOTE: Registere	ed Agent signature	required when reinstating)	DATE	t
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS		•		
TITLE : NAME STREET ADDRESS CITY-ST-ZIP	P RASMUSSEN, WAYNE 3333 CLARK ROAD SARASOTA, FL 34231					
TITLE NAME STREET ADDRESS GITY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·	000000725732 05/03/07-80034-013	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	•
TITLE NAME STREET ADDRESS CITY+ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Fiorida 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.

~		~ .	RF.
~ III .	- N A		

TITLE .
NAME .
STREET ADDRESS
CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF CHORING OFFICER OR DIRECTOR

5 PRESIDENT

4/12/01 941-352-530

Daytime Phone #