


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # V05974 1. Entity Name MARSH CREEK DEVELOPMENT CORPORATION	
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Principal Place of Business 4314 PABLO OAKS COURT JACKSONVILLE, FL 32224 US	Mailing Address 4314 PABLO OAKS COURT JACKSONVILLE, FL 32224 US
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DO NOT WRITE IN THIS SPACE



01112006 No Chg-P CR2E034 (11/05)

4. FET Number 59-3104141	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

**KLINPETER, ANNE T
4314 PABLO OAKS COURT
JACKSONVILLE, FL 32224**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	D BARBOUR, GREGORY J 4314 PABLO OAKS CT JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWENS, LAUREN L. 4314 PABLO OAKS CT JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLINPETER, ANNE T 4314 PABLO OAKS CT JACKSONVILLE, FL 32224
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**DO NOT WRITE
IN THIS SPACE**

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: *W. Klinspeter* *Anne T. Klinspeter* 1/12/06 904-992-9750

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