## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 10, 2006 08:00 AM Secretary of State DOCUMENT # V08887 1. Entity Name SWAMP CREEK PRESERVE, INC. Malling Address Principal Place of Business 1704 RIGGINS ROAD 1704 RIGGINS ROAD TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 No Chg-P CR2E034 (11/05) 01312006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3102640 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCCORD, GAYLE DO NOT WRITE 210 S MONROE ST TALLAHASSEE, FL 32301 IN THIS SPACE 5. 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Etection Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HILL, LOUIS JR M.D. NAME STREET ADDRESS 1704 RIGGINS ROAD U00000496872 04/22/06-80029-022 150.00 TALLAHASSEE, FL CITY-ST-J32 TISLE NAME STREET ADDRESS GNY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE C(TY-ST-Z)P IN THIS SPACE TITLE MAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIF TITLE

12. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED HARE OF SIGNING OFFICER OR DIRECTOR

MAINE STREET ADDRESS CITY-ST-ZIP

3-28-56

150.877.2126

Craytime Phone it

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