

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # V32579 1. Entity Name DEER CREEK, INC.					
Principal Place of Business 500 S. FLORIDA AVE STE 700 LAKELAND, FL 33801			Mailing Address P.O. BOX 5252 LAKELAND, FL 33807 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262005 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 59-3136690	
Zip		Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
McFARLANE, PETER A. 500 S. FLORIDA AVE #715 LAKELAND, FL 33801				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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, 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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAXWELL, LAWRENCE W		NAME	1100000350410	
STREET ADDRESS	500 S. FLORIDA AVE, #700		STREET ADDRESS	05/04/05-80035-011 158.75	
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAXWELL, TODD L		NAME		
STREET ADDRESS	500 S. FLORIDA AVE, #700		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOCHIS, GEORGE J		NAME		
STREET ADDRESS	500 S. FLORIDA AVE, #700		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FALK, BENJAMIN D.E.		NAME		
STREET ADDRESS	500 S. FLORIDA AVE, #700		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Benjamin D E Falk			4/28/05 863-647-1581 Date Daytime Phone #		