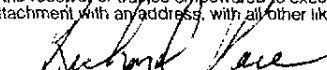


FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000039720			
1. Entity Name OAK CREEK CAPITAL, INC.			
Principal Place of Business 4645 MIRABELLA CT SAINT PETERSBURG, FL 33706		Mailing Address 4645 MIRABELLA CT SAINT PETERSBURG, FL 33706	
DO NOT WRITE IN THIS SPACE			
		01242005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3381506	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEAL, A.R. FORLIZZO & NEAL, P.A. 13577 FEATHER SOUND DRIVE, SUITE 300 CLEARWATER, FL 33762		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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PACE, RICHARD 4645 MIRABELLA CT SAINT PETERSBURG, FL 33706		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KRUEGER, KYLE 645 18TH AVENUE NE SAINT PETERSBURG, FL 33704		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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: 		1/24/05 727-844-2508	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	