

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90041 004 ***158.75

DOCUMENT # F06000001703

1. Entity Name
CREEKSIDE OCEAN, INC.



4

Principal Place of Business
**2500 VENTURE OAKS WAY, SUITE 175
SACRAMENTO, CA 95833**

Mailing Address
**2500 VENTURE OAKS WAY, SUITE 175
SACRAMENTO, CA 95833**



04012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
68-0422668

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	DC LEWIS, JULIAN 2500 VENTURE OAKS WAY, SUITE 175 SACRAMENTO, CA 95833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, DAVID 2500 VENTURE OAKS WAY, SUITE 175 SACRAMENTO, CA 95833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILL, EVA H 2500 VENTURE OAKS WAY, SUITE 175 SACRAMENTO, CA 95833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOIN, MARIANNE 2500 VENTURE OAKS WAY, SUITE 175 SACRAMENTO, CA 95833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Eva H. Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EVA H. HILL, president

4/15/08

Date

914-263-0222

Daytime Phone #