


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90041 016 \*\*\*150.00

**DOCUMENT # F95000006248**

1. Entity Name  
**CLEAR SPRINGS FOODS, INC.**



Principal Place of Business      Mailing Address  
**PO BOX 712**      **PO BOX 712**  
**BUHL, ID 83316**      **BUHL, ID 83316**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**40006035**



01192005      Chg-P      CR2E034 (10/03)

4. FEI Number: **82-0246213**      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**

**7. Name and Address of New Registered Agent**

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.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE: D NAME: OPPENHEIMER, ARTHUR STREET ADDRESS: 877 W MAIN ST STE 700 CITY-ST-ZIP: BOISE, ID	<input type="checkbox"/> Delete
TITLE: DP NAME: COPE, LARRY W STREET ADDRESS: RT #4, BOX 416B CITY-ST-ZIP: BUHL, ID 83316	<input checked="" type="checkbox"/> Delete
TITLE: V NAME: QUIGLEY, KEITH E STREET ADDRESS: 43740 CLEAR LAKE RD CITY-ST-ZIP: BUHL, ID 83316	<input type="checkbox"/> Delete
TITLE: D NAME: STUECKLE, DUANE STREET ADDRESS: 200 PARKWAY DR CITY-ST-ZIP: BOISE, ID	<input type="checkbox"/> Delete
TITLE: DPC NAME: COPE, LARRY W STREET ADDRESS: 20290 HWY 30 CITY-ST-ZIP: BUHL, ID 83316	<input type="checkbox"/> Delete
TITLE: D NAME: STORTI, P. CRAIG STREET ADDRESS: 3614 TRAIL CIR CITY-ST-ZIP: BOISE, ID 83704	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: Elsener, Frank STREET ADDRESS: 300 Country Club Road, Suite 233 CITY-ST-ZIP: Eugene, OR 97401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: V NAME: Hanifen, Timothy J. STREET ADDRESS: 830 Canyon Park Ave. CITY-ST-ZIP: Twin Falls, ID 83301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: V NAME: MacMillan, John R. STREET ADDRESS: 1172 Hankins Rd N., CITY-ST-ZIP: Twin Falls, ID 83301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: V NAME: Quigley, Keith E. STREET ADDRESS: 43740 Clear Lake Rd., CITY-ST-ZIP: Buhl, Idaho 83316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: V NAME: Riffle, Donald E. STREET ADDRESS: 2106 Hillcrest Dr., CITY-ST-ZIP: Twin Falls, ID 83301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *[Handwritten Signature]*      **1-18-05**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #