


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90032 021 ***150.00

DOCUMENT # F95000006248 1. Entity Name CLEAR SPRINGS FOODS, INC.	
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Principal Place of Business 1500 E. 4424 NORTH BUHL, ID 83316	Mailing Address P.O. BOX 712 BUHL, ID 83316
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DO NOT WRITE IN THIS SPACE

01162008	No Chg-P	CR2E034 (11/05)
4. FEI Number 82-0246213	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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, 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	D OPPENHEIMER, ARTHUR 877 W MAIN ST STE 700 BOISE, ID
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHITE, ED D 2502 TWIN VIEW LN TWIN FALLS, ID 83301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V QUIGLEY, KEITH E 43740 CLEAR LAKE RD BUHL, ID 83316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUECKLE, DUANE 200 PARKWAY DR BOISE, ID
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC COPE, LARRY W 20290 HWY 30 BUHL, ID 83316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STORTI, P. CRAIG 3614 TRAIL CIR BOISE, ID 83704

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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: Keith E. Quigley Keith E. Quigley 1-16-08 208-543-4388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #