

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F95000006248

**FILED**  
**Jan 22, 2009**  
**Secretary of State**

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

**Current Principal Place of Business:**

1500 E. 4424 NORTH  
BUHL, ID 83316

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 712  
BUHL, ID 83316

**New Mailing Address:**

**FEI Number:** 82-0246213      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: OPPENHEIMER, ARTHUR  
Address: 877 W MAIN ST STE 700  
City-St-Zip: BOISE, ID

Title: V ( ) Delete  
Name: WHITE, ED D  
Address: 2502 TWIN VIEW LN  
City-St-Zip: TWIN FALLS, ID 83301

Title: V ( ) Delete  
Name: QUIGLEY, KEITH E  
Address: 43740 CLEAR LAKE RD  
City-St-Zip: BUHL, ID 83316

Title: D ( ) Delete  
Name: STUECKLE, DUANE  
Address: 200 PARKWAY DR  
City-St-Zip: BOISE, ID

Title: DPC ( ) Delete  
Name: COPE, LARRY W  
Address: 20290 HWY 30  
City-St-Zip: BUHL, ID 83316

Title: D ( ) Delete  
Name: STORTI, P. CRAIG  
Address: 3614 TRAIL CIR  
City-St-Zip: BOISE, ID 83704

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH E. QUIGLEY

VP

01/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date