


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90031 043 \*\*\*150.00

<b>DOCUMENT # J24481</b> 1. Entity Name <b>CREEKSIDE LAWN SERVICE, INC.</b>					
Principal Place of Business <b>4315 SW 29 AVE</b> <b>GAINESVILLE, FL 32608 US</b>			Mailing Address <b>C/O JOSE PEREZ</b> <b>P.O. BOX 1164</b> <b>ANTHONY, FL 32617 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>13523 NW 112 AVE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>ALACHUA, FL.</b>			
Zip	Country	Zip <b>32615</b>	Country <b>U.S.</b>	4. FEI Number <b>59-2752390</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PEREZ, JANICE</b> <b>9525 NE 38 TERR 13523 NW 112 AVE</b> <b>ANTHONY, FL 32617 ALACHUA, FL. 32615</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>PEREZ, JOSE</b> <b>9527 NE 38TH TERR. 13523 NW 112 AVE</b> <b>ANTHONY, FL 32617 ALACHUA, FL. 32615</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST <b>PEREZ, JANICE</b> <b>9527 NE 38TH TERR. 13523 NW 112 AVE</b> <b>ANTHONY, FL 32617 ALACHUA, FL. 32615</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE: <u>Janice Perez</u> - JANICE PEREZ</b> <b>1-29-07</b> <b>386-418-4246</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day or Phone #</small>					