


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90079 001 \*\*\*\*61.25

**DOCUMENT # N04000000780**  
 1. Entity Name  
**CREEK RIDERS ORGANIZATION, INC.**



Principal Place of Business  
 1069 LK IDYLWILD DR  
 WINTER HAVEN, FL 33881

Mailing Address  
 1069 LK IDYLWILD DR  
 WINTER HAVEN, FL 33881

2) Principal Place of Business  
**132 QUAILWOOD DR**  
 Suite, Apt. #, etc.

3. Mailing Address  
**132 QUAILWOOD DR**  
 Suite, Apt. #, etc.

City & State  
**WINTER HAVEN FL**

City & State  
**WINTER HAVEN FL**

Zip  
**33880**

Country

Zip  
**33880**

Country



02092005 Chg-NP CR2E037 (10/03)

4) FEI Number  
**20-0629627**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**COMBS, CONNIE**  
 410 S 8TH ST  
 DUNDEE, FL 33638

7. Name and Address of New Registered Agent  
 Name **Jim Aldal**  
 Street Address (P.O. Box Number is Not Acceptable)  
**627 25th St NW**  
 City **Winter Haven FL** Zip Code **33880**

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: Jim Aldal President DATE: 3-27-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CARNEY, ANDREW</b> 1069 IDYLWILD DR WINTER HAVEN, FL 33881 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Jim Aldal</b> <b>627 25th ST NW</b> <b>Winter Haven FL 33880</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MC DONALD, MARK</b> 1528 FOXRIDGE RUN W WINTER HAVEN, FL 33881 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KING, JAN</b> 132 QUAILWOOD DR WINTER HAVEN, FL 33880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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

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 617, 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: Jan King Jan King Sec DATE: 3-27-05 Daytime Phone #: 863-412-0160

Signature and typed or printed name of signing officer or director