2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State
04-18-2005 90276 013 ***150.00

DOCUMENT # P04000070293
1. Entity Name
CREEKSIDE INVESTING, INC.

Principal Place of Business	Mailing Address
101 E ASHLAND AVE HASTINGS, FL 32145	~~PO BOX 1180~~ ~~HASTING, FL 32145~~

04122005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address P.O. BOX 618	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ST AUGUSTINE FL	
Zip	Country	Zip 32085	Country U.S. Am

4. FEI Number APPLIED FOR — Applied For ☒ / Not Applicable ☐

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CIMINO, FAITH E 101 E ASHLAND AVE HASTINGS, FL 32145	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 ______ Signature, typed or printed name of registered agent and title if applicable. (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIMINO, FAITH E 101 E ASHLAND AVE HASTINGS, FL 32145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: Faith E Cimino — 4-12-05 — 904 827 0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #