2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2012
Secretary of State

DOCUMENT# P10000011999

Entity Name: CREEKSIDE EQUINE & ANIMAL THERAPY INC

Current Principal Place of Business:

1471 FRUIT COVE ROAD N
SAINT JOHNS, FL 32259

New Principal Place of Business:

Current Mailing Address:

1471 FRUIT COVE ROAD N
SAINT JOHNS, FL 32259

New Mailing Address:

FEI Number: 27-1862437 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALL & EDWARDS PA
77 ALMERIA STREET
ST AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

HALL & EDWARDS PA
3791 A1A SOUTH
SUITE B
ST AUGUSTINE, FL 32080 US

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: HALL & EDWARDS PA 02/24/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: WILLIAMS, KIMBERLY
Address: 1471 FRUIT COVE ROAD N
City-St-Zip: SAINT JOHNS, FL 32259

I hereby 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 all other like empowered.

SIGNATURE: KIMBERLY WILLIAMS P 02/24/2012
Electronic Signature of Signing Officer or Director Date