

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2007 8:00 am
Secretary of State

08-31-2007 90002 025 ***150.00

DOCUMENT # P96000030451					
1. Entity Name CREEKSIDE COUNTRY ENTERPRISES, INC.					
Principal Place of Business 5980 SNOWMASS CREEK RD. SNOWMASS, CO 81654			Mailing Address 5980 SNOWMASS CREEK RD. SNOWMASS, CO 81654		
2. Principal Place of Business - No P.O. Box # 5980 SNOWMASS CREEK RD.			3. Mailing Address SAME		
Suite, Apt. #, etc. ---			Suite, Apt. #, etc. ---		
City & State SNOWMASS			City & State SAME		
Zip 81654	Country PITKIN	Zip 81654	Country PITKIN	4. FEE 65-0659674 NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HAND, JEFFREY C CPA 240 CRANDON BLVD., STE 202 KEY BISCAINE, FL 33149				7. Name and Address of New Registered Agent Name: JEFFREY C. HANN C.P.A. 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: <i>Raymond H. Woodrow</i> (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD WOODROW, RAYMOND H 5980 SNOWMASS CREEK RD SNOWMASS, CO 81654	<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	
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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.					
SIGNATURE: <i>Raymond H. Woodrow</i>			Date: Aug. 21, 07 Daytime Phone: 970 822-0303		

ATTACHMENT
40130902
~~#~~ P96000030457

1. WE DID NOT
RECEIVE A NOTES
2. WE HAVE BEEN ON
THE ROAD SINCE NOV-06
3. WE TRIED TO
LOOK IT UP ON THE
COMPUTER
4. Hopefully you
FORGIVE US.

**CREEKSIDE COUNTRY
ENTERPRISES**

Raymond & Debbie Woodrow

5980 Snowmass Creek Rd.

Snowmass, CO 81654

Bus/Fax: 1-970-922-0303

creeksideclydes@aol.com