

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 03, 2008 8:00 am**  
**Secretary of State**

07-03-2008 90014 046 \*\*\*150.00

<b>DOCUMENT # P96000030451</b> 1. Entity Name <b>CREEKSIDE COUNTRY ENTERPRISES, INC.</b>			
Principal Place of Business <b>5980 SNOWMASS CREEK RD. SNOWMASS, CO 81654</b>		Mailing Address <b>5980 SNOWMASS CREEK RD. SNOWMASS, CO 81654</b>	
2. Principal Place of Business - No P.O. Box # <b>5980 SNOWMASS CR RD.</b>		3. Mailing Address <b>5980 SNOWMASS CR RD.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>SNOWMASS CO.</b>		City & State <b>SNOWMASS CO.</b>	
Zip <b>81654</b>		Zip <b>81654</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-0659674</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>HANN, JEFFREY C CPA 240 CRANDON BLVD., STE 202 KEY BISCAYNE, FL 33149</b>		7. Name and Address of New Registered Agent <b>HANN, JEFFREY C. CPA 240 CRANDON BLVD SUITE 203 KEY BISCAYNE FL 33149</b>	
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 reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$850.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOODROW, RAYMOND H 5980 SNOWMASS CREEK RD SNOWMASS, CO 81654	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
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 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: <b>Raymond H. Woodrow</b>		Date: <b>6/15/08</b> Daytime Phone #: <b>910-982-0303</b>	