PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P9700077235

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90007 003 ***150.00

1. Corporation	Name									
CREEK \	/IEW DAIRY, INC.									
							I SARISBAL HIR IBIIX IRRA RAIN RAIN RAIN RAIN RAIN RAIN			121 a ni (31
Principal Place	e of Business	Mailing Addres					i indiiteti iin iniii indii delii nasii esiii esi		14898 11	10) 6)(((06)
10109 COWLEY ROAD P O BOX 1860										
RIVERVIEW FL 33569 RIVERVIEW FL 33568							`·			
US							DO NOT WRITE IN THIS SPACE			
						,	3. Date Incorporated or Qualifed			
							09/08/1997		A 1	
Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For Not Applicable			
21		26	" .				59-3466481	£0 7		
Suite, Apt. #, etc. Suite, Apt. #, etc.			#, etc.				5. Certifcate of Status Desired		e Rea	ditional
22 27 27 27 27 27 27 27 27 27 27 27 27 2										
City & State							6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			· 1
23				Count	irv		This corporation owes the current year intangible			
Zîp	25 29			30			8. This corporation owes the current year intangible Personal Property Tax. Yes No			
24	9. Name and Address of Curr	1 1		,,,			10. Name and Address of New Registere	d Agent		
	g. Name and Address of Con-	ciit (togistorea Agen	<u>`</u>	8	31	Name	10.			
DOM	ires, marty			L	12					
	VAN FLEET RD					Street Add	ress (P.O. Box Number is Not Acceptable)			
RIVE	RVIEW FL 33569						41/4/4			
				L	33					
				8	34	City	F	85	Zip Co	ode
44 Dumund	to the equipient of Sections 607.0	502 and 607 1508 El	rida Statute	s the abo)VA-	-named corr	poration submits this statement for the purpose	ot changin	its re	gistered
office or re	egistered agent, or both, in the Stat	le of Florida. Such cha	ange was au	(nonzea c	oy ti	he corporati	on's board of directors. I hereby accept the app	ointment a	s regi	stered
agent, I a	m familiar with, and accept the obli	gations of, Section 60	7.0505, Flori	da Statute	es.					
SIGNATURE	Stgnature, typed or printed name of registered a		MOTE: I	Panistared A	oont	eignatura raquire	ed when reinstating) DATE			
12.		AND DIRECTORS	(AOTE.	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTOR	S IN 12
TITLE	PSTD		DELETE	1.1 TITLE	E E			☐ Cha		☐ Addition
NAME	DOMRES, MARTY			1.2 NAM	Ε]				
STREET ADDRESS	10109 COWLEY ROAD			1.3 STR	FET/	ADDRESS				
	RIVERVIEW FL 33569			1.4 CITY						
CITY-ST-ZIP TITLE	THE THE TE SOSOS	П	DELETE	2.1 TITLE		-21		☐ Cha	nge	Addition
				2.2 NAM		1	,	_	-	
NAME				1		ADDRESS				
STREET ADDRESS		•				1				
CITY-ST-ZIP TITLE	- •	·	DELETE	2. 4 CITY		-25	-	Cha	nge	Addition
NAME		٥		3.2 NAM				_		à
				1		ADDRESS				ľ
STREET ADDRESS				3.4. CIT						
CITY-ST-ZIP TITLE	_^	П	DELETE	4.1 TITU		-41		Cha	nge	Addition
NAME		_	-	4. 2 NAM				_		
STREET ADDRESS						ADDRESS				ŀ
	,			4.4 CITY			·			1
CITY-ST-ZIP TITLE		П	DELETE	5.1 TITLE		<u>-11</u>	A AND AND AND A AN	☐ Cha	nge	Addition
		٥	· _	5.2 NAM					-	
NAME I						ADDRESS				
STREET ADORESS				5.4 CITY						
CITY-ST-ZIP	<u> </u>	<u> </u>	DELETE	6.1 TITLE		L-11		☐ Cha	nge	Addition
TITLE		Ц	DELETE	6.2 NAM				C, Id	.90	
NAME				ı		ADDRESS				ļ
STREET ADDRESS										
CITY-ST-ZIP				6.4 CITY	-51	· ZIP				

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/04/99 Date

8/3 602-07/7