


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000037602	
1. Entity Name CREEKSIDE HOLDINGS, INC.	

Principal Place of Business 1339 WEDGEWOOD ROAD JACKSONVILLE, FL 32259	Mailing Address 1339 WEDGEWOOD ROAD JACKSONVILLE, FL 32259
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WARNER, ROBERT W 1339 WEDGEWOOD ROAD JACKSONVILLE, FL 32259
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04062004	No Chg-P CR2E034 (10/03)
4. FEI Number 59-3507618	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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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 _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WARNER, ROBERT W 1339 WEDGEWOOD ROAD JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WARNER, JACQUELINE M 1339 WEDGEWOOD ROAD JACKSONVILLE, FL 32259
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04/27/04-80045-020 150.00

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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: Robert W. Warner **Robert W. Warner** 4/6/04

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