

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED

2007 SEP 17 PM 4:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S40312

1. Entity Name  
CREEKSIDE DINERY, INC.



Principal Place of Business  
160 NIX BOATYARD ROAD  
SAINT AUGUSTINE, FL 32084

Mailing Address  
160 NIX BOATYARD ROAD  
SAINT AUGUSTINE, FL 32084

**DO NOT WRITE IN THIS SPACE**



07032007 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3056866

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SINGLETON, SCOTT  
11 OAK AVENUE  
ST. AUGUSTINE, FL 32095

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TD  
RICHARDSON, TERRY  
11 OAK AVENUE  
ST. AUGUSTINE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
SINGLETON, SCOTT  
11 OAK AVENUE  
ST. AUGUSTINE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
LAWLOR, PETER  
11 OAK AVENUE  
ST. AUGUSTINE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

100109522071  
09/17/07--01045--009 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/1/07 904 824 8897

9/18/07