

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

8/

**FILED**  
**Sep 08, 2008 8:00 am**  
**Secretary of State**

08-28-2008 90001 036 \*\*\*150.00  
08-21-2008 90002 020 \*\*\*150.00  
09-08-2008 90002 006 \*\*\*400.00

**DOCUMENT # S40312**

1. Entity Name  
**CREEKSID DINERY, INC.**



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

Mailing Address  
**160 NIX BOATYARD ROAD  
SAINT AUGUSTINE, FL 32084**

**60046845**



04172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	RICHARDSON, TERRY
STREET ADDRESS	11 OAK AVENUE
CITY-ST-ZIP	ST. AUGUSTINE, FL
TITLE	SD
NAME	SINGLETON, SCOTT
STREET ADDRESS	11 OAK AVENUE
CITY-ST-ZIP	ST. AUGUSTINE, FL
TITLE	PD
NAME	LAWLOR, PETER
STREET ADDRESS	11 OAK AVENUE
CITY-ST-ZIP	ST. AUGUSTINE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this form 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: *Clayton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/08  
Date

Daytime Phone #