2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005
Secretary of State

DOCUMENT# 467301

Entity Name: COUNTRY DAYS, INC.

Current Principal Place of Business:

3005 CARING WAY
P.O. BOX 3179
PORT CHARLOTTE, FL 33949

New Principal Place of Business:

Current Mailing Address:

108 ELM ST.
CHARLEVOIX, MI 49720 US

New Mailing Address:

P. O. BOX 220
CHARLEVOIX, MI 49720 US

FEI Number: 59-1570260 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LORICCO, CAROLO J
3005 CARING WAY
PT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: AMICK, CAROL
Address: 108 ELM ST.
City-St-Zip: CHARLEVOIX, MI 49720

Title: VTD ( ) Delete
Name: AMICK, EDWARD
Address: 108 ELM ST
City-St-Zip: CHARLEVOIX, MI 49720

Title: VD ( ) Delete
Name: LORICCO, CALRO J
Address: 3005 CARING WAY
City-St-Zip: PORT CHARLOTTE, FL 33949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: AMICK, CAROL
Address: P. O. BOX 220
City-St-Zip: CHARLEVOIX, MI 49720

Title: VTD (X) Change ( ) Addition
Name: AMICK, EDWARD
Address: P. O. BOX 220
City-St-Zip: CHARLEVOIX, MI 49720

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL AMICK PSD 03/31/2005
Electronic Signature of Signing Officer or Director Date