

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 467301

Entity Name: COUNTRY DAYS, INC.

FILED  
Jan 07, 2008  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

3461 CREEKSIDE DR  
BONITA BAY, FL 34134

## Current Mailing Address:

P. O. BOX 220  
CHARLEVOIX, MI 49720 US

## New Mailing Address:

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:

SCHORTZ, JOSEPH  
4161 TAMIAMI TRAIL  
SUITE 501  
PT CHARLOTTE, FL 33952 US

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: JOSEPH SCHORTZ

01/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition  
Name: LORICCO, CALRO J  
Address: 4161 TAMIAMI TRAIL, SUITE 501  
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

PRES

01/07/2008

Electronic Signature of Signing Officer or Director

Date