


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 8:00 am
Secretary of State

01-22-2004 90006 033 ***150.00

DOCUMENT # 388092
 1. Entity Name
 WINDERMERE COUNTRY STORE, INC.



Principal Place of Business
 501 MAIN STREET.
 WINDERMERE, FL 34786

Mailing Address
~~P.O. BOX 937~~
~~WINDERMERE, FL 34786~~
 3440 FOXBORO CT
 MT. DORA, FL 32757

44003400



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-1357942

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 JAMES, SHIRLEY A.
 1484 HEMPEL AVE.
 WINDERMERE, FL 34786

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HAMLIN, T.C SR
STREET ADDRESS	3440 FOXBORO CT.
CITY-ST-ZIP	MT. DORA, FL 32757
TITLE	VP
NAME	HAMLIN, T.C JR.
STREET ADDRESS	4533 DAY DOAD SW
CITY-ST-ZIP	DECATUR, AL 35603
TITLE	ST
NAME	JAMES, SHIRLEY
STREET ADDRESS	1484 HEMPEL AVE
CITY-ST-ZIP	WINDERMERE, FL 34786
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 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: Shirley A. James 1/14/04 352-383-8782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #