2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2005 8:00 am
Secretary of State
02-14-2005 90060 016 ***158.75

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1st MOORE CR2E034 (10/04)

DOCUMENT # 407044

1. Entity Name
COUNTRY FAIR, INC.

Principal Place of Business	Mailing Address
US HWY 301, P. O. BOX 609 PALMETTO FL 34220-0609	US HWY 301, P. O. BOX 609 PALMETTO FL 34220

2. Principal Place of Business	3. Mailing Address
Country Fair Inc	P.O. Box 609
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palmetto, FL	City & State: FL
Zip: 34220 Country: Manatee	Zip: 34220 Country: Manatee

4. FEI Number 59-1461473 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARTWRIGHT, W. W. 5408 BAYSHORE RD. PALMETTO FL 34221	Name: Gary Cartwright Street Address (P.O. Box Number is Not Acceptable): P.O. Box 881 1751 Merlin Ford Rd City: Wauchula 33890 FL Zip Code: 33873

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: Gary Cartwright
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CARTWRIGHT, W. W. 5408 BAYSHORE ROAD PALMETTO FL 34221-9301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President and treasure Cartwright, Gary W P.O. Box 881 Wauchula, FL 33873	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CARTWRIGHT, GARY W PO BOX 881 WAUCHULA FL 33873	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP+S Cone, Shannon Cone 1159 Culbreath Rd Brooksville, FL 34602	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CONE, SHANNON L 1159 CULBREATH RD BROOKSVILLE FL 34602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Shannon Cone 2/9/05 (941)722-5633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #