
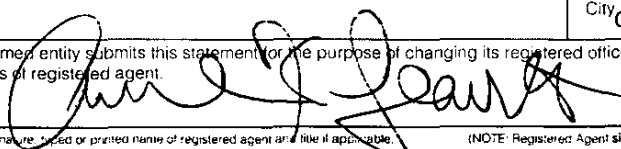
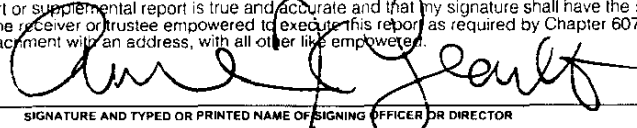


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 24, 2007 8:00 am**  
**Secretary of State**

07-24-2007 90041 043 \*\*\*150.00

<b>DOCUMENT # 646774</b> 1. Entity Name <b>AARON'S COUNTRY STORE, INC.</b>			
Principal Place of Business <b>1011 S ORLANDO AVE MAITLAND, FL 32751</b>		Mailing Address <b>1011 S ORLANDO AVE MAITLAND, FL 32751</b>	
2. Principal Place of Business - No P.O. Box # <b>1024 SR 436</b> Suite, Apt. #, etc.		3. Mailing Address <b>1024 SR 436</b> Suite, Apt. #, etc.	
City & State <b>CASSELBERRY, FL</b>		City & State <b>CASSELBERRY, FL</b>	
Zip <b>32707-5722</b>	Country <b>USA</b>	Zip <b>32707-5722</b>	Country <b>USA</b>
4. FEI Number <b>59-1981677</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEAVITT, ANNE 1011 S. ORLANDO AVE MAITLAND, FL 32751</b>		7. Name and Address of New Registered Agent Name <b>LEAVITT, ANNE</b> Street Address (P.O. Box Number is Not Acceptable) <b>1024 SR 436</b> City <b>CASSELBERRY</b> <b>FL</b> Zip Code <b>32707</b>	
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: <b>7/19/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEAVITT, AARON M. 1011 S. ORLANDO AVE MAITLAND, FL 32751	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEAVITT, ANNE B 1011 S. ORLANDO AVE MAITLAND, FL 32751	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing 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:  DATE: <b>7/19/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	