2008 FOR PROFIT CORPORATION ANNUAL EPORT

FILED Apr 29, 2008 08:00 AN Secretary of State **DOCUMENT # 646774** 1. Entity Name AARON'S COUNTRY STORE INC. Principal Place of Business Mailing Address 1024 SR 436 1024 SR 436 CASSELBERRY, FL 32707 CASSELBERRY, FL 32707 04102008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1981677 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent LEAVITT, ANNE DO NOT WRITE 1024 SR 436 CASSELBERRY, FL 32707 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME LEAVITT, AARON M. STREET ADDRESS 1024 SR 436 CITY-ST-ZIP CASSELBERRY, FL 32707 TITLE LEAVITT, ANNE B HAME STREET ADDRESS 1024 SR 436 CITY-ST-ZIP CASSELBERRY, FL 32707 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-7IP