


**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90013 010 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # J93150**

1. Entity Name:  
**COUNTRY PINE NEWTIQUES OF FLORIDA, INC.**



Principal Place of Business      Mailing Address

**130 5TH AVE. WEST  
MT. DORA, FL 32757    US**      **130 5TH AVE. WEST  
MT. DORA, FL 32757    US**

**DO NOT WRITE IN THIS SPACE**

**40099241**



04122008    No Chg-P    CR2E034 (11/05)

4. FEI Number: **59-2847528**      Applied For:  Not Applicable:

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

6. Name and Address of Current Registered Agent

**POTTER, DEI G  
308 E 5TH AVE  
MT. DORA, FL 32757**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing:  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>CAMPBELL, JOSEPH C</b>
STREET ADDRESS	<b>130 5TH AVE. WEST</b>
CITY-ST-ZIP	<b>MT. DORA, FL</b>
TITLE	<b>V</b>
NAME	<b>HOMSON, PAM</b>
STREET ADDRESS	<b>130 5TH AVE., W.</b>
CITY-ST-ZIP	<b>MT. DORA, FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 B changed, or on an attachment with my address, with all other like empowerment.

SIGNATURE: Pam Homson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/08  
DATE