

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # K43353**

1. Entity Name  
**COUNTRY CLASSIC CONSTRUCTION COMPANY**



Principal Place of Business  
**4323 EL PRADO BLVD  
TAMPA, FL 33629 US**

Mailing Address  
**4323 EL PRADO BLVD  
TAMPA, FL 33629 US**



04042008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2925489**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**ALWOOD, RODNEY LEON  
11302 SAND PINE RD  
RIVERVIEW, FL 33569**

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000884009

04/17/08-80026-019 158.75

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **DASHER, RONNIE EDWARD**  
STREET ADDRESS **7815 HWY 301**  
CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE **VP**  
NAME **ALWOOD, RODNEY L**  
STREET ADDRESS **11302 SANDPINE ROAD**  
CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RODNEY ALWOOD**

**4/4/08**

Date

**913-935-9444**

Daytime Phone #