


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # K44984 1. Entity Name HENRY'S COUNTRY CORNER, INC.	
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Principal Place of Business 320 COKER ROAD PANAMA CITY, FL 32409	Mailing Address P.O. BOX 1245 LYNN HAVEN, FL 32444
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03122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2924458	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NEWSOME, WILLIAM H 320 COKER ROAD PANAMA CITY, FL 32409
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

U000000143387
04/30/04-80089-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NEWSOME, WILLIAM H 320 COKER ROAD PANAMA CITY, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST NEWSOME, KAREN 320 COKER ROAD PANAMA CITY, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: William H. Newsome 4/29/04 (850) 271-1315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
William H. Newsome Pres.