

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K44984

FILED
Apr 30, 2007
Secretary of State

Entity Name: HENRY'S COUNTRY CORNER, INC.

Current Principal Place of Business:

13938 HWY 77
PANAMA CITY, FL 32409

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1245
LYNN HAVEN, FL 32444

New Mailing Address:

P.O. BOX 9
SLOCOMB, AL 36375

FEI Number: 59-2924458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWSOME, WILLIAM H
13938 HWY 77
PANAMA CITY, FL 32409 US

Name and Address of New Registered Agent:

NEWSOME, KAREN D
2307 PENTLAND DRIVE
LYNN HAVEN, FL 32444 US

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.

SIGNATURE: KAREN D. NEWSOME

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: NEWSOME, WILLIAM H
Address: 13938 HWY 77
City-St-Zip: PANAMA CITY, FL 32409

Title: DST () Delete
Name: NEWSOME, KAREN
Address: 13938 HWY 77
City-St-Zip: PANAMA CITY, FL 32409

Title: T (X) Delete
Name: DOBBS, DEBORAH H
Address: 315 BRIGGS LANE
City-St-Zip: PANAMA CITY, FL 32409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DOBBS, DEBORAH H
Address: 128A W SLOCOMB STREET
City-St-Zip: SLOCOMB, AL 36375

Title: S (X) Change () Addition
Name: NEWSOME, KAREN D
Address: 2307 PENTLAND DRIVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH H. DOBBS

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date