2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 29, 2004 8:00 am Secretary of State DOCUMENT # K85216 04-29-2004 90281 015 ***150.00 1. Entity Name COUNTRY TIME, INC. Principal Place of Business Mailing Address 14011536 % WILLIAM W. CALDWELL PO BOX 4080 756 BEACHLAND BLVD. VERO BEACH, FL 32964 UŞ VERO BEACH, FL 32963 3. Mailing Address 2. Principal Place of Business c/o Charles J. Bradshaw Suite, Apt. #, etc. Suite, Apt. #, etc. 1701 N. AlA. Suite 208 04132004 CR2E034 (10/03) City & State Applied For 4. FFI Number Vero Beach. 65-0121525 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CALDWELL, WILLIAM W. Street Address (P.O. Box Number is Not Acceptable) 756 BEACHLAND BLVD VERO BEACH, FL 32963 City Zip Code 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition BRADSHAW, CHARLES J. NAME NAME STREET ADDRESS 1701 HWY A1A STE 208 STREET ADDRESS VERO BEACH, FL 32963 CITY-ST-ZIP CITY-ST-ZIP DVPS TITLE ☐ Delete TITLE Change Addition PETERS, FRED C., II NAME NAME STREET ADDRESS STREET ADDRESS 1401 S. A1A VERO BEACH, FL CITY-ST-ZIP CITY-ST-ZIP DP TITLE ☐ Delete TITLE Change ☐ Addition PROCTOR, DONALD C. NAME NAME STREET ADDRESS STREET ADDRESS 1401 HWY A1A SUITE 301. CITY-ST-ZIP VERO BEACH, FL 32963 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME SMITH, ELIZABETH H NAME STREET ADDRESS 1701 HWY A1A STE 208 STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32963 CITY-ST-ZIP TITLE Delete TIDE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(i), Florida Statutes. I further certify that the information indicated on this report or supplimental 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 fusite employment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver changed, or on an attachment w

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