

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # K92000	
1. Entity Name THE COUNTRY PEDDLER OF CHARLOTTE COUNTY, INC.	
Principal Place of Business COUNTRY PEDDLER OF CC INC 1770 EL JOBEAN RD PORT CHARLOTTE, FL 33948 US	Mailing Address 1770 EL JOBEAN RD. PORT CHARLOTTE, FL 33948



01162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0125604	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DELEPPO JOYCE M. 1770 EL JOBEAN RD PORT CHARLOTTE, FL 33948	DO NOT WRITE IN THIS SPACE
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DELEPPO, RONALD R. 1770 EL JOBEAN RD PORT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DELEPPO, JOYCE M. 1770 EL JOBEAN RD PORT CHARLOTTE, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/24/05-80012-015 150.00

DO NOT WRITE IN THIS SPACE

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 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: Joyce M. Deleppo Joyce M. Deleppo 1-18-05 941 624-0233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #