2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # K92000

1. Entity Name
THE COUNTRY PEDDLER OF CHARLOTTE COUNTY, INC.

Principal Place of Business	Mailing Address
COUNTRY PEDDLER OF CC INC 1770 EL JOBEAN RD PORT CHARLOTTE, FL 33948 US	1770 EL JOBEAN RD. PORT CHARLOTTE, FL 33948

02122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0125604
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DELEPPO JOYCE M.
1770 EL JOBEAN RD
PORT CHARLOTTE, FL 33948

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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 _____ DATE
Signature of new registered agent, if changed / Name of new registered agent, if changed

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DELEPPO, RONALD R.
STREET ADDRESS	1770 EL JOBEAN RD
CITY ST ZIP	PORT CHARLOTTE, FL
TITLE	D
NAME	DELEPPO, JOYCE M.
STREET ADDRESS	1770 EL JOBEAN RD
CITY ST ZIP	PORT CHARLOTTE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
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NAME	
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CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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03/08/06-80044-017 150.00

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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: Joyce M. Deleppo Joyce M. Deleppo 2-23-06 941 624-0233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #