## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # K92000**

1. Entity Name

THE COUNTRY PEDDLER OF CHARLOTTE COUNTY, INC.



FILED Jan 16, 2008 08:00 AN Secretary of State

Principal Place of Business

COUNTRY PEDDLER OF CC INC 1770 EL JOBEAN RD

PORT CHARLOTTE, FL 33948 U

Mailing Address

1770 EL JOBEAN RD. PORT CHARLOTTE, FL 33948



## DO NOT WRITE IN THIS SPACE

01132008 No Chg-P CR2E034 (11/05)

 4. FEI Number
 Applied For

 65-0125604
 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

## DO NOT WRITE IN THIS SPACE

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					DAIE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financ     Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	U00000785495 01/17/08-80003-011 150.00
10. OFFICERS AND DIRECTORS					
HAME SIMEEL ADDRESS CILY-SI-ZIP	D DELEPPO, RONALD R. 1770 EL JOBEAN RD PORT CHARLOTTE, FL				
HILLE NAME SIMLET AUDRESS CHY-SI-ZIP	DELEPPO, JOYCE M. 1770 EL JOBEAN RD PORT CHARLOTTE, FL				
THELE NAME STREET ADDRESS CHY-SI-ZIF			DO NOT WRITE IN THIS SPACE		
HITLE NAME STREET ADDRESS CITY-ST-ZIP					
HAME NAME SHEET AUDRESS CITY-ST-ZIP					
111LE NAME					

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, it 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:

SIPEEI ADDRESS City-St-Zip

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Toucem. Deleppo

Jan 14, 2008

Dipplije Prise #