## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L55249

FARNBAUCH, MAX,

7334 LAKE WORTH RD.

LAKE WORTH, FL 33467

Name:

Address:

City-St-Zip:

FILED Jan 04, 2005 Secretary of State

Entity Name: COUNTRY SQUIRE INN, INC.							
Current Principal Place of Business:				New Principal Place of Business:			
	WORTH ROA RTH, FL 33467						
Current Mailing Address:				New Mailing Address:			
7859 LAKE WORTH ROAD LAKE WORTH, FL 33467							
FEI Number: 65-0177154 FEI Number Applied For ( ) FEI Nu			FEI Nur	mber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
	R, G J WORTH RD. RTH, FL 33467	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:							
Electronic Signature of Registered Agent				Date			
Election Campaign Financing Trust Fund Contribution ( ).							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP ( ) [ BEACHLER, G. J 3743 VALLEY PA LAKE WORTH, F	ARK WAY		Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition t, G. J., WORTH RD ITH, FL 33467	
Title: Name: Address: City-St-Zip:	DVST ()[ FARNBAUCH, W 3703 VALLEY PA LAKE WORTH, F	ARK WAY		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DV () [ BEACHLER, MAR 3733 VALLEY PA LAKE WORTH, F	ARK WAY		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title:	DV ()I	Delete		Title:	DV	(X) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

FARNBAUCH, MAX,

7859 LAKE WORTH RD.

LAKE WORTH, FL 33467

SIGNATURE: MARK BEACHLER 01/04/2005 ٧