2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 27, 2006 8:00 am Secretary of State

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1. Entity Name									
COUNTRY PARK CO-OP, INC.									
Principal Dia	as of Business	Mailine Address			7002	600			
2331 BELLI	ce of Business FAIR ROAD	Mailing Address 2331 BELLEAIR ROAD							
	R, FL 33546	CLEARWATER, FL 3354	6		*				
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2 Principal	Place of Business	3. Mailing Address							
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			01062006	Chg-NP	CDSEC	37 (11/05)	
Suite		Suite 17					OIZE	· · · · · · · · · · · · · · · · · · ·	
City & Sta	Richey, FL	Port Richey,	FL		4. FEI Numbe 59-3688				pplied For ot Applicable
Zip	Country	Zip	Country					\$8.75 Ad	
34668	Pasco Pasco	34668	Pasco		5. Certificate	of Status Desired		Fee Require	
	6. Name and Address of Current F	legistered Agent			7. Name and	Address of New	Registered	Agent	
ERDMAN, JJ			Name	lifia	d Proper	tv Manac	oment	Tnc	
696 1ST A			Street	Address (F	O. Box Numbe	ty Manag r is Not Acceptab	ole)		
SUITE #10			10/	30 U.	S. 19				
SI. PEIE	RSBURG, FL 33701			<u>te 17</u>	l			1. 2 2.	
			City	t Ric	hev		FL	Zip Cod - 3466	le R
	named entity submits this statement for	the purpose of changing its re				n, in the State of F	lorida. I am		
the obliga	fions of registered agent.	0							
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CICNIATURE	acey 11/1	axa							
SIGNATURE	Signature, typed or pripred name of registered agent ar	nd title if applicable. (NOTE:	Registered Agent sign	ature required	when reinstating)		DATE		
SIGNATURE			·				7.7KC 110.14		
SIGNATURE	Filing Fee is \$61.25	od title if applicable. (NOTE:	paign Financing		when reinstating) \$5.00 May Be Added to Fees		Make chec	k payable t	
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SIGNATURE 10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	D A	\$5.00 May Be Added to Fees DDITIONS/CHA	NGES TO OFFICE	Make chec Irlda Depa	rtment of S	tate
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10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIRE THO MORRIS, JACK - 2331-BELLEAIR RD LOT #767	9. Election Camp Trust Fund Co	paign Financing intribution. 11. TITLE NAME STREET ADDRESS	PD Morr	\$5.00 May Be Added to Fees DDITIONS/CHA is, Jack 0 U.S. 1	NGES TO OFFICE	Make chec irida D epai ERS AND DI	rtment of S	tate 1 10
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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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

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Daytime Phone #