

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90334 010 ***150.00



DOCUMENT # P01000073960
 1. Entity Name
COUNTRY COMFORT INC.

Principal Place of Business: **3110 KATHLEEN ROAD LAKELAND FL 33810**
 Mailing Address: **3110 KATHLEEN ROAD LAKELAND FL 33810**



2. Principal Place of Business: **3705 US Hwy 98 South Unit 1**
 3. Mailing Address: **3705 US Hwy 98 S Unit #1**

1st MOORE CR2E034 (10/04)

City & State: **Lakeland, FL**
 City & State: **Lakeland, FL**
 Zip: **33813** Country: **USA**
 Zip: **33813** Country: **USA**

4. FEI Number: **59-3734965**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent: **HIGHSMITH, MICHAEL E 3110 KATHLEEN ROAD LAKELAND FL 33810 3705 US Hwy 98S, Suite 7 Lakeland, FL 33813**
 7. Name and Address of New Registered Agent: Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: **FL** Zip Code: _____

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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D	NAME: HIGHSMITH, MICHAEL E	TITLE:	NAME:
STREET ADDRESS: 4201 E KNIGHTS GRIFFIN ROAD	CITY-ST-ZIP: PLANT CITY FL 33565	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:

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: _____ Date: **3-29-05** 803-667-3384
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #