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May 22, 2007 8:00 am
Secretary of State

04-23-2007 90053 014 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000095921

1. Entity Name
COUNTRY ESTATES AND INVESTMENTS, INC.

66016020

Principal Place of Business	Mailing Address
P.O. BOX 328 FROSTPROOF, FL 33843	PO BOX 328 FROSTPROOF, FL 33843

01282007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
215 NW 180th St	PO Box 700
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Newberry, Fl	City & State: Newberry, Fl 32669
Zip: 32669 Country: USA	Zip: 32669 Country: USA

4. FEI Number: 65-1144943 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HEINTZ, JOHN C
P.O. BOX 328
FROSTPROOF, FL 33843

7. Name and Address of New Registered Agent

Name: Deanna Braun
Street Address (P.O. Box Number is Not Acceptable): 215 NW 180th St
City: Newberry FL Zip Code: 32669

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: /s/ Deanna Braun 5/21/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HEINTZ, JOHN C P O BOX 328 FROSTPROOF, FL 33843	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PO Box 700 Newberry, Fl 32669	☑ Change ☐ Addition
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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: John C. Heintz President 4/15/07 352 219-2089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #