FILED
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

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

01282007 Chg-P CR2E034 (12/06)

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	7. Name and Address of New Registered Agent
HEINTZ, JOHN C P.O. BOX 328 FROSTPROOF, FL 33843	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: Deanna Braun 5/21/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating) 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	DP ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	HEINTZ, JOHN C	NAME	
STREET ADDRESS	P O BOX 328	STREET ADDRESS	PO Box 700
CITY-ST-ZIP	FROSTPROOF, FL 33843	CITY-ST-ZIP	Newberry, Fl 32669
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 4/15/07 352 219-2089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #