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Secretary of State

04-22-2004 90065 029 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000077687

1. Entity Name
LIL OLE COUNTRY STORE, INC.

66420049

04202004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
5129 STAGECOACH DRIVE COCONUT CREEK, FL 33073 US	P.O. BOX 934394 MARGATE, FL 33093-4394 US
2. Principal Place of Business: 24 E. MAGNOLIA AVENUE	3. Mailing Address: 41936 COUNTY ROAD 452
Suite, Apt. #, etc.: SUITE 4	Suite, Apt. #, etc.
City & State: EUSTIS FLORIDA	City & State: Leesburg
Zip: 32726 Country: U.S.A.	Zip: 34788 Country: USA

4. FEI Number: 16-1617440 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SPELL, KAREN R ESQ.
2525 EMBASSY DRIVE
SUITE 2
COOPER CITY, FL 33026

NO CHANGE

7. Name and Address of New Registered Agent

Name: ~~S..., KAREN R. ESQ~~
Street Address (P.O. Box Number is Not Acceptable): ~~... 13~~
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 ____________________
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, 2004 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	PD SINATRA, DIANE 5129 STAGECOACH DRIVE COCONUT CREEK, FL 33073	☐ Delete	PD SINATRA, DIANE 41936 County Road 452 Leesburg, FL 34788	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROGERS, ROBERT 5129 STAGECOACH DRIVE COCONUT CREEK, FL 33073	☐ Delete	VD ROGERS, Robert 41936 County ROAD 452 Leesburg, FL 34788	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Diane Sinatra 4/20/04 352-483-0333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #