


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90021 020 ***150.00

DOCUMENT # P02000111153					
1. Entity Name COUNTRY LIVING REALTY & INVESTMENTS, INC.					
Principal Place of Business 7200 CHUMUCKLA HWY PACE, FL 32571			Mailing Address 7512 LAKESIDE DRIVE MILTON, FL 32583		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 7200 Chumuckla Hwy			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Pace, FL		4. FEI Number 57-1188511	
Zip		Country 32571 United States		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAUFMANN, SCOTT M 7512 LAKESIDE DRIVE MILTON, FL 32583			7. Name and Address of New Registered Agent Name: Samuel A Nichols Street Address (P.O. Box Number is Not Acceptable): 7200 Chumuckla Hwy City: Pace FL Zip Code: 32571		
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: <i>Samuel A Nichols</i> Samuel A Nichols 3/16/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D KAUFMANN, SCOTT M 7512 LAKESIDE DRIVE MILTON, FL 32583	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Samuel A Nichols 7200 Chumuckla Hwy Pace, FL 32571	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: <i>Samuel A Nichols</i> Samuel A Nichols 3/16/08 (850) 698-5117 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					