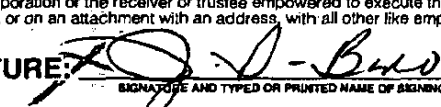


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 25, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90002 021 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                                                                                     |                                                       |                                                                                   |                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------|
| <b>DOCUMENT # P03000004173</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                                                                     |                                                       |  |                                   |
| 1. Entity Name<br>COUNTRY COTTAGE/PEDDLERS VILLAGE, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                                                                                     |                                                       |                                                                                   |                                   |
| Principal Place of Business<br>6121 ORANGE DR<br>DAVIE, FL 33314                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                                                                                     | Mailing Address<br>6121 ORANGE DR<br>DAVIE, FL 33314  |                                                                                   |                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                                                                     | 3. Mailing Address                                    |                                                                                   |                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                                                                                     | Suite, Apt. #, etc.                                   |                                                                                   |                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |                                                                                     | City & State                                          |                                                                                   |                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country          | Zip                                                                                 | Country                                               | 4. FEI Number<br>13-423-2738                                                      |                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |                                                                                     |                                                       | Applied For<br>Not Applicable                                                     |                                   |
| 6. Name and Address of Current Registered Agent<br>SPIEGEL & UTRERA, P.A.<br>1840 SW 22ND ST.<br>4TH FLOOR<br>MIAMI, FL 33145                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                                                                                     |                                                       | 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 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |                                                                                     |                                                       |                                                                                   |                                   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 8, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                       | \$5.00 May Be<br>Added to Fees                                                    |                                   |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |                                                                                     |                                                       |                                                                                   |                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PTD              | <input type="checkbox"/> Delete                                                     | TITLE                                                 | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | BONO, JANE I     |                                                                                     | NAME                                                  |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6121 ORANGE DR   |                                                                                     | STREET ADDRESS                                        |                                                                                   |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DAVIE, FL 33314  |                                                                                     | CITY-ST-ZIP                                           |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VS               | <input type="checkbox"/> Delete                                                     | TITLE                                                 | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ADAMS, ZACKERY M |                                                                                     | NAME                                                  |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6121 ORANGE DR   |                                                                                     | STREET ADDRESS                                        |                                                                                   |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DAVIE, FL 33314  |                                                                                     | CITY-ST-ZIP                                           |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  | <input type="checkbox"/> Delete                                                     | TITLE                                                 | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |                                                                                     | NAME                                                  |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                                                                     | STREET ADDRESS                                        |                                                                                   |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                                                                                     | CITY-ST-ZIP                                           |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  | <input type="checkbox"/> Delete                                                     | TITLE                                                 | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |                                                                                     | NAME                                                  |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                                                                     | STREET ADDRESS                                        |                                                                                   |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                                                                                     | CITY-ST-ZIP                                           |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  | <input type="checkbox"/> Delete                                                     | TITLE                                                 | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> 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 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                                                                                     | 07/22/04                                              |                                                                                   |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                     | Date Daytime Phone #                                  |                                                                                   |                                   |

66432571



07062004 Chg-P CR2E034 (10/03)

\$8.75 Additional  
Fee Required