2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000089422

1. Entity Name

COUNTRY SQUIRE BUILDERS, INC.

Principal Place of Business	Mailing Address
547 E. ROSEWOOD LANE	547 E. ROSEWOOD LANE
TAVARES, FL 32778	TAVARES, FL 32778

DO NOT WRITE IN THIS SPACE

07102006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
45-0539105	Not Applicable

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

6. Name and Address of Current Registered Agent

DABE, PETER H
547 E. ROSEWOOD LANE
TAVARES,. FL 32778

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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)

U00000569788
07/13/06--00003--010--150.00

FILE NOW!!! FEE IS $150.00 **Due by September 6, 2006**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be 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

-TITLE	P
NAME	DABE, PETER H
STREET ADDRESS	547 E. ROSEWOOD LANE
CITY-ST-ZIP	TAVARES, FL 32778

TITLE	
NAME	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____ July 10, 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #