2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000107670

900 ELEVENTH TERRACE

VERO BEACH, FL 32960

Address:

City-St-Zip:

FILED Mar 02, 2005 Secretary of State

Entity Nai	me: COUNTF	RY FOOD MARKET, INC.					
Current P	rincipal Place	e of Business:	New Princ	New Principal Place of Business:			
	ENTH TERRA ACH, FL 3296			5470 45 TH. ST. VERO BEACH, FL 32967			
Current M	lailing Addre	ss:	New Maili	New Mailing Address:			
900 ELEVENTH TERRACE VERO BEACH, FL 32960				547045TH. ST. VERO BEACH, FL 32967			
FEI Number:	: 20-0265685	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status D	esired (X)	
Name and	Address of (Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
900 ELEVE	IA, MICHELLE ENTH TERRA ACH, FL 3296						
	named entity e of Florida.	submits this statement for the	purpose of changing it	ts registered o	office or registered ag	ent, or both,	
SIGNATU	RE:						
	Electro	nic Signature of Registered A્	gent	Date			
Election Car	mpaign Financin	g Trust Fund Contribution ().					
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P (ABUSALHA, M 900 ELEVENTI VERO BEACH,	H TERRACE	Title: Name: Address: City-St-Zip:	() Change()Addition		
Title: Name: Address: City-St-Zip:	VP (ALSAYED, FIR 900 ELEVENTI VERO BEACH,	H TERRACE	Title: Name: Address: City-St-Zip:	VP (X ALSAYED, FIR 124 35 TH. SQ VERO BEACH,	UARE SW.		
Title: Name: Address: City-St-Zip:	P (X ALSAYED, FAI 900 ELEVENTI VERO BEACH,	H TERRACE	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title:	D (X	Delete	Title:	() Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MICHELLE R. ABUSALHA Ρ 03/02/2005