2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 01, 2006 8:00 am **Secretary of State** DOCUMENT # P04000050763 1. Entity Name 03-01-2006 90021 013 ***150.00 CHAPPY'S COUNTRY STORE, INC. Principal Place of Business Mailing Address 1205 E. ST. RD. 78 MOORE HAVEN FL 33471 1205 E. ST. RD. 78 MOORE HAVEN FL 33471 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 34-1991878 Not Applicable Zip Country Country Zio \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HENDRY, JOSEPH M II Street Address (P.O. Box Number is Not Acceptable) 606 W SUGARLAND HWY **CLEWISTON FL 33440** 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition TITLE Delete TITLE MILLER, CRAIG 1205 E. ST. RD. 78 MILLER, CRAIG NAME NAME STREET ADDRESS C/O NORTHLAKE ESTATES STREET ADDRESS MOORE HAVEN, FL. 33471 CITY-ST-ZIP MOORE HAVEN FL 33471 CITY-ST-28P ☐ Delete TITLE ☐ Change ■ Addition VST TITLE NAME MILLER, JEANETTE NAME STREET ADDRESS 780 SW 85TH AVE STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 34974 CITY-ST-ZIP Addition Change THEF Delete HILE NAME CHAPMAN, DAVID NAME STREET ADDRESS STREET ADDRESS C/O NORTHLAKE ESTATES CITY-ST-ZIP MOORE HAVEN FL 33471 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report in the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as under dot, 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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

FILED