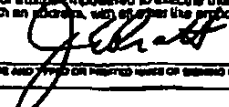


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

APR 12 PM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
66007640

DOCUMENT# R04000103797			
1. Entity Name COUNTRY WAY AI TO SALES, INC.			
Principal Place of Business 17922 HANNON WAY DADE CITY, FL 33523		Mailing Address 17922 HANNON WAY DADE CITY, FL 33523	
2. Principal Place of Business 12016 South Rd.		3. Mailing Address 12016 South Rd.	
Duke Apt. #, etc.		Duke Apt. #, etc.	
City & State HUDSON Fla		City & State HUDSON Fla.	
Zip 34669		Country FLASCO	
4. FEI Number 20-7364424		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRATT, JOHN E 17922 HANNON WAY DADE CITY, FL 33523			
7. Name and Address of New Registered Agent Name: JOHN E PRATT Street Address (P.O. Box Number is Not Acceptable) 12016 SOUTH ROAD City: HUDSON FL Zip Code: 34669			
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: 		DATE: 3/25/05	
FILE NUMBER FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 may be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRATT, JOHN E 17922 HANNON WAY DADE CITY, FL 33523	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRATT, JUDY 17922 HANNON WAY DADE CITY, FL 33523	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with either the empowered.			
SIGNATURE: 		DATE: 3/25/05 (727) 852-8060	
SIGNATURE AND TITLE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR			

T. Roberts APR 21 2005