2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
APR 12 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04-28-2005 90023 040 ***150.00

66007640

DOCUMENT# R04000103797

1. Entity Name
COUNTRY WAY AUTO SALES, INC.

Principal Place of Business	Mailing Address
17922 HANNON WAY DADE CITY, FL 33523	17922 HANNON WAY DADE CITY, FL 33523

01132005 Chg-P CR2E034 (10/00)

2. Principal Place of Business	3. Mailing Address
12016 South Rd.	12016 South Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hudson Fla	City & State: Hudson Fla.
Zip: 34669 Country: Pasco	Zip: 34669 Country: Pasco

4. FEI Number: 20-1364424 ☐ 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: J E Pratt   3/25/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PRATT, JOHN E		NAME	
STREET ADDRESS	17922 HANNON WAY		STREET ADDRESS	
CITY-ST-ZIP	DADE CITY, FL 33523		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PRATT, JUDY		NAME	
STREET ADDRESS	17922 HANNON WAY		STREET ADDRESS	
CITY-ST-ZIP	DADE CITY, FL 33523		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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: J E Pratt   3/25/05   (727) 856-8060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   (Date)   (Daytime Phone #)

T. Roberts APR 2 1 2005