## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 24, 2005 8:00 am Secretary of State

DOCUMENT # P04000116553  1. Entity Name COUNTRY CARRIAGES, INC.						04-26-2005 9	00185 028 ***1	50.00
Principal Plac	e of Business		i	] cc	018540			
2945-B STRATTON BLVD. 2945-B STRATTO St. Augustine, FL 32084 St. Augustine,					- 00	010140	•	
01.183031112   12.03   11.183031112   1			2007		· · · · · · · · · · · · · · · · · · ·		78.01.17249 61143 61161 61160 1	MILL R (88)
2. Principal P	tace of Business	3. Mailing Address	. Mailing Address					
						FIRST BIRST BIRST BAUT BOSST F	immi itaran mitini mitat dibida i	IMBIN IN 1881
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04142005	Chg-P	CR2E034 (10/03)		
City & Stat	9	City & State		4. FEI Numbe.		A	oplied For	
Zip Country		Zip	Zip Country		301	500 25 L		ot Applicable
					5. Certificato d	of Status Desired	S8.75 Ad	ditional ed
	6. Name and Address of Current I	Rogistered Agent		Name	7. Name and	Address of New Rec	Istered Agent	
SARGEANT, REGINA W ESQ.								
43 CINCINNATI AVE. ST. AUGUSTINE, FL 32084				Street Address (P.O. Box Number is Not Acceptable)				
:								
-							FL Zip Cod	e
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.								
the obligations of registered agent.								
SIGNATURE: Signable, hood or protect name of registerior agent and side if applicable. (InOTE: Registered Agent algorithms required when retristating)  DATE								
FILE NOWILI FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees						<u>-</u>		
10.	OFFICERS AND I		11.	<del></del>	ADDITIONS/C	CHANGES TO OFFICE		
TITLE HAME	PSD CUSHION, JENNIFER	☐ Delete	TITLE	1			☐ Change	Addition
STREET ADDRESS	2945-B STRATTON BLVD.			ET ADDRESS				
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084		_	SI-ZIP			<u></u>	
TITLE NAME	VD BROCK, JAMES E	☐ Deleta	TITLE				☐ Change	Addition
STREET ADDRESS	71 WATER ST.			ET ADDRESS				
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084			-ST-ZIP				
TITLE HP2:1E	TD CUSHION, WILLIAM	☐ Delete	TITLE	l l			☐ Change	Addition
STREET ADDRESS	2945-B STRATTON BLVD.	•	STREE	ET ADORESS		•		
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084			ST-ZIP			<del></del>	
TITLE Na <b>m</b> e		☐ Delete	TITLE	l l			Change	Addition
STREET ADDRESS				ET ACCORESS				
CITY-ST-ZIP				ST-ZIP		<del></del> .		<b>5</b>
TITLE NAME		☐ Delete	TITLE				☐ Change	Addition
STREET ADDRESS			1	T ADDRESS				
CITY-ST-ZIP			_	ST-ZIP	·		<del></del>	
TITLE NAME		☐ Delete	TITLE				☐ Change	☐ Addition
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP				\$1-249			· · · · · · · · · · · · · · · · · · ·	
12. i hereby of indicated	certify that the information supplied with the or this report or supplemental report is	this tiling does not quality to	t the exec	nption stated in Source shall bave the	ection 119.07(3)(i), same innal offect:	. Florida Statutes, I fui as il made under pall	Ther certify that the in	lormation

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1.19.07(3)(3). 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 offect as if made under eath; 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 all adment with an address, with all other like empowered.

SIGNATURE:

TENNIFET CUSK

4-25-05

(904) 669-8361