

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000167924

Entity Name: COUNTRY CABIN, INC.

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

COUNTRYSIDE MALL  
2700 US HWY 19 N SPACE #2067  
CLEARWATER, FL 33761

## **New Principal Place of Business:**

1810 STONEBROOK LANE  
SAFETY HARBOR, FL 34695

## **Current Mailing Address:**

COUNTRYSIDE MALL  
2700 US HWY 19 N SPACE #2067  
CLEARWATER, FL 33761

## **New Mailing Address:**

1810 STONEBROOK LANE  
SAFETY HARBOR, FL 346595

FEI Number: 20-2157715

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

GERYCZ, LAURA J  
COUNTRYSIDE MALL  
2700 US HWY 19 N SPACE #2067  
CLEARWATER, FL 33761 US

## **Name and Address of New Registered Agent:**

GERYCZ, LAURA J  
1810 STONEBROOK LANE  
SAFETY HARBOR, FL 34695 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/26/2011

\_\_\_\_\_  
Date

## **OFFICERS AND DIRECTORS:**

Title: DST  
Name: GERYCZ, LAURA J  
Address: 1810 STONEBROOK LN  
City-St-Zip: SAFETY HARBOR, FL 34695

I hereby 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 all other like empowered.

SIGNATURE: LAURA J. GERYCZ

DST

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date