2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 19, 2005 8:00 am
Secretary of State
04-20-2005 90291 020 ***150.00

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DOCUMENT # P04000168421

1. Entity Name
MOPEY'S COUNTRY OUTPOST, INC.

Principal Place of Business	Mailing Address
~~6055 WAUCHULA ROAD MYAKKA CITY FL 34251~~	P.O. BOX 316 MYAKKA CITY FL 34251

66017892

1st MOORE CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address	
36826 MANATEE AVE.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MYAKKA CITY, FL		City & State	
Zip: 34251	Country: MANATEE	Zip	Country

4. FEI Number: 83-0418727 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAZZEI, NEAL L 6055 WAUCHULA ROAD MYAKKA CITY FL 34251	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL 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 [signature] NEAL L. MAZZEI PRES. 4/14/05
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
Make Check Payable to Florida Department of State

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	P,D	☐ Delete	TITLE	P.D.T	☑ Change ☐ Addition
NAME	MAZZEI, NEAL L		NAME	MARTHA L. MAZZEI	
STREET ADDRESS	6055 WAUCHULA ROAD		STREET ADDRESS	6055 WAUCHULA RD.	
CITY-ST-ZIP	MYAKKA CITY FL 34251		CITY-ST-ZIP	MYAKKA CITY, FL 34251	
TITLE	S,T	☐ Delete	TITLE	V.P. S. D.	☑ Change ☐ Addition
NAME	MAZZEI, MARTHA L		NAME	NEAL L. MAZZEI	
STREET ADDRESS	6055 WAUCHULA ROAD		STREET ADDRESS	6055 WAUCHULA RD.	
CITY-ST-ZIP	MYAKKA CITY FL 34251		CITY-ST-ZIP	MYAKKA CITY, FL 34251	
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: [signature] NEAL L. MAZZEI PRES 4/14/05 (941) 322-9499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #