

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90090 027 ***150.00

DOCUMENT # P05000080027

1. Entity Name
COUNTRY WOODSHOP ENTERPRISES, INC.



Principal Place of Business
**4104 SE U.S. HIGHWAY 301
 HAWTHORNE, FL 32640**

Mailing Address
**P O BOX 1137
 HAWTHORNE, FL 32640**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4044



04242007 Chg-P CR2E034 (12/06)

4. FEI Number
20-2957212

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RAMSEY, WILLIAM P
 6315 SE U.S. HIGHWAY 301
 HAWTHORNE, FL 32640**

7. Name and Address of New Registered Agent

Name
WILLIAM P. RAMSEY

Street Address (P.O. Box Number is Not Acceptable)
6045 SE U.S. HIGHWAY 301

City
HAWTHORNE FL Zip Code
32640

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

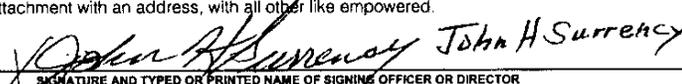
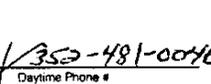
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 P NAME SURRENCY, JOHN H STREET ADDRESS P O BOX 1137 CITY-ST-ZIP HAWTHORNE, FL 32640	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME SURRENCY, ALLEN STREET ADDRESS P O BOX 1137 CITY-ST-ZIP HAWTHORNE, FL 32640	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **John H Surrency**  **4-26-07**  **352-481-0046**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #