

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000080027

FILED
Jun 24, 2009
Secretary of State

Entity Name: COUNTRY WOODSHOP ENTERPRISES, INC.

Current Principal Place of Business:

4104 SE U.S. HIGHWAY 301
HAWTHORNE, FL 32640

New Principal Place of Business:

Current Mailing Address:

P O BOX 1137
HAWTHORNE, FL 32640

New Mailing Address:

FEI Number: 20-2957212

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMSEY, WILLIAM P
6045 SE US HIGHWAY 301
HAWTHORNE, FL 32640 US

Name and Address of New Registered Agent:

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

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SURRENCY, JOHN H
Address: P O BOX 1137
City-St-Zip: HAWTHORNE, FL 32640

Title: ST () Delete
Name: SURRENCY, ALLEN
Address: P O BOX 1137
City-St-Zip: HAWTHORNE, FL 32640

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN SURRENCY

P

06/24/2009

Electronic Signature of Signing Officer or Director

_____ Date