2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000168248

MADSEN, MARY

9926 BEACH BLVD STE 362

JACKSONVILLE, FL 32246

Name:

Address:

City-St-Zip:

Entity Name: CHRISTIAN'S COUNTRY CORNER INC

FILED Feb 15, 2006 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
	ATE RD. 121 N NY, FL 32063				
Current M	lailing Addre	ss:	New Mailing Address:		
15693 STATE RD. 121 NORTH MACCLENNY, FL 32063			9926 BEACH BLVD. SUITE 362 JACKSONVILLE, FL 32246		
FEI Number:	: 42-1689244	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
92 SADBE QUINCY, F The above		JS	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR		nic Signature of Registered Ac	gent	 Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DP (MADSEN, RICI 9926 BEACH E JACKSONVILL	SLVD STE 362	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV (MADSEN, ASH 9926 BEACH E JACKSONVILL	SLVD STE 362	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS (MADSEN, CHR 9926 BEACH E JACKSONVILL	SLVD STE 362	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	DT () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: RICH MADSEN DP 02/15/2006