DFIT CORPORATION
JAL REPORT

FILED

07 OCT 5 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# P06000126129

1. ENTITY NAME:
THE COUNTRY BOY ENTERPRISE, INC

09/05/07 01051 002 $160.00

PRINCIPLE PLACE OF BUSINESS	Mailing Address
8434 ALLWINE COURT JACKSONVILLE, FL 32244	8434 ALLWINE COURT JACKSONVILLE, FL 32244

2. PRINCIPLE PLACE OF BUSINESS	3. Mailing Address	
	Suite, Apt. #, etc.	
	City & State	
	Zip	Country

04252007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5663553 — Applied For / Not Applicable

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

6. NAME and ADDRESS of Current Registered Agent

TIMMONS, GABRIEL A SR.
8434 ALLWINE COURT
JACKSONVILLE, FL 32244

7. Name and Address of New Registered Agent

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable — DATE: 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P TIMMONS, GABRIEL A SR. 8434 ALLWINE COURT JACKSONVILLE, FL 32244	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP COHEN, TOYA 2511 9TH AVENUE DRIVE ESAT PALMETTO, FL 34221	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ERTULY, DESIREE PO BOX 441154 JACKSONVILLE, FL 32222	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ 10/30/07 904 535

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Business Phone #

As per telephone conversation with Gabriel Timmons on 10/5.

7242

JC 10/5