

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000009919

FILED
Apr 11, 2009
Secretary of State

Entity Name: COUNTRY CORNER CAFE AND MARKET, INC

Current Principal Place of Business:

7013 LITHIA PINECREST ROAD
LITHIA, FL 33547 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1426
RIVERVIEW, FL 33568 US

New Mailing Address:

FEI Number: 26-1844370 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, DEBORAH K
8203 FERNVALE STREET
RIVERVIEW, FL 33578 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILSON, DANNIE M
Address: 8205 FERNVALE STREET
City-St-Zip: RIVERVIEW, FL 33578 US

Title: D () Delete
Name: WILSON, DEBORAH K
Address: 8205 FERNVALE STREET
City-St-Zip: RIVERVIEW, FL 33578 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D () Change (X) Addition
Name: COWART, ALICE J
Address: 8309 HENRY GEORGE ROAD
City-St-Zip: PLANT CITY, FL 33567

Title: D () Change (X) Addition
Name: CHRISTIAN, TAMMI J
Address: 8309 HENRY GEORGE ROAD
City-St-Zip: PLANT CITY, FL 33567

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: DEBORAH WILSON

D

04/11/2009

Electronic Signature of Signing Officer or Director

_____ Date