

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

11 MAR 14 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P10000026636**

1. Entity Name

**NEW COUNTRY HOME INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**8454 Flagstone Dr.**  
Suite, Apt. #, etc.

3. Mailing Address

**8454 Flagstone Dr.**  
Suite, Apt. #, etc.

**100197755181**  
03/14/11--01064--006 \*\*158.75

DO NOT WRITE IN THIS SPACE

City & State

**Tampa, FL**

City & State

**Tampa, FL**

4. FEI Number

**27-2133878**

Applied For

Not Applicable

Zip

Country

**33615 Hillsborough**

Zip

Country

**33615 Hillsborough**

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**Deborah R Flannery**

Street Address (P.O. Box Number is Not Acceptable)

**8454 Flagstone Dr.**

City

**Tampa**

FL

Zip Code

**33615**

**DO NOT WRITE  
IN THIS SPACE**

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

**Deborah R Flannery**

**Deborah R Flannery**

**3/07/2011**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution.

☐ **\$5.00 May Be**

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **President**  
NAME **Lin Wang**  
STREET ADDRESS **12 F, No. 67 Hongkong West Rd.**  
CITY-ST-ZIP **Qingdao, 266071, China**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Vice President**  
NAME **Deborah R Flannery**  
STREET ADDRESS **8454 Flagstone Dr.**  
CITY-ST-ZIP **Tampa, FL 33615**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Treasurer**  
NAME **Lin Wang**  
STREET ADDRESS **12 F, No. 67 Hongkong West Rd.**  
CITY-ST-ZIP **Qingdao, 266071, China**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Secretary**  
NAME **Deborah R Flannery**  
STREET ADDRESS **8454 Flagstone Dr.**  
CITY-ST-ZIP **Tampa, FL 33615**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Deborah R Flannery**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/10/2011 813-361-4531**

Date

Daytime Phone #

CR2E034B (12/02)

**3/15**