


2008 FOR PROFIT CORPORATION ANNUAL REPORT

5/11
FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000028370 1. Entity Name CITY AND COUNTRY PROPERTIES, INC.	
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Principal Place of Business 845 RIVIERA STREET VENICE, FL 34285 US	Mailing Address 845 RIVIERA ST. VENICE, FL 34285 US
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DO NOT WRITE IN THIS SPACE



02202008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0403592	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALL, HUBERT R PTD
845 RIVIERA ST.
VENICE, FL 34285

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WALL, HUBERT R PTD 845 RIVIERA ST VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALL, JONI M 845 RIVIERA ST. VENICE, FL 34285
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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: *Hubert R Wall* 3/25/08 483-9048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #