

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000058745

1. Entity Name  
COUNTRY IMAGES, INC.



Principal Place of Business  
2502 NE JACKSONVILLE ROAD  
STE 106  
OCALA, FL 34470 US

Mailing Address  
23000 NE 85 AVE RD  
CITRA, FL 32113 US



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3198753 Applied For  
Not Applicabl

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

COCKES, GIGI  
23000 NE 85 AVE RD  
CITRA, FL 32113

**DO NOT WRITE  
IN THIS SPACE**

3. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COCKES, GIGI
STREET ADDRESS	23000 NE 85 AVE RD
CITY - ST - ZIP	CITRA, FL 32113
TITLE	D
NAME	COCKES, JON A
STREET ADDRESS	23000 NE 85 AVE RD
CITY - ST - ZIP	CITRA, FL 32113
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gigi Cockes Gigi Cockes 2/24/05 352/237-5411  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #