2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000058745

I. Entity Name
COUNTRY IMAGES, INC.



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

		N. M.
Principal Place of Business	Mailing Address	
2502 NE JACKSONVILLE ROAD STE 106	23000 NE 85 AVE RD CITRA, FL 32113 US	
OCALA, FL 34470 US		



DO NOT WRITE IN THIS SPACE

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

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

DO NOT WRITE IN THIS SPACE

Signature, typed or printed name of registered agent and the if applicable (NOTE, Registered Agent signature required when reinstailing) PILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11IL DAME COCKES, GIGI 23000 NE 85 AVE RD CITRA, FL 32113 11IL D COCKES, JON A COCKES, JON	tre doligati	ons of registered agent.						
After May 1, 2005 Fee will be \$550.00 In. OFFICERS AND DIRECTORS III. D AME COCKES, GIGI ITIET ADDRESS III. S 23000 NE 85_AVE RD CITRA, FL 32113 III. D AME COCKES, JON A IIRGET ADDRESS III. S 23000 NE 85_AVE RD CITRA, FL 32113 III. D AME COCKES, JON A IIRGET ADDRESS III. S 23000 NE 85_AVE RD CITRA, FL 32113 III. S 23000 NE 85_AVE RD CITRA, FL 32113 III. S 23000 NE 85_AVE RD CITRA, FL 32113 III. S 23000 NE 85_AVE RD CITRA, FL 32113 III. S 23000 NE 85_AVE RD CITRA, FL 32113 III. S 23000 NE 85_AVE RD CITRA, FL 32113 III. S 23000 NE 85_AVE RD CITRA, FL 32113 III. S 34000 NE 85_AVE RD CITRA, FL 32113 III. S 34000 NE 85_AVE RD CITRA, FL 32113 III. S 34000 NE 85_AVE RD CITRA, FL 32113 III. S 34000 NE 85_AVE RD CITRA, FL 32113 III. S 34000 NE 85_AVE RD CITRA, FL 32113 III. S 34000 NE 85_AVE RD CITRA, FL 32113 III. S 34000 NE 85_AVE RD CITRA, FL 32113 III. S 34000 NE 85_AVE RD CITRA, FL 32113 III. S 34000 NE 85_AVE RD CITRA, FL 32113 III. S 34000 NE 85_AVE RD CITRA, FL 32113 III. S 34000 NE 85_AVE RD CITRA, FL 32113 III. S 34000 NE 85_AVE RD CITRA, FL 32113 III. S 34000 NE 85_AVE RD CITRA, FL 32113 III. S 34000 NE 85_AVE RD CITRA, FL 32113 III. S 34000 NE 85_AVE RD CITRA, FL 32113 III. S 34000 NE 85_AVE RD CITRA, FL 32113 III. S 34000 NE 85_AVE RD CITRA, FL 32113 III. S 34000 NE 85_AVE RD CITRA, FL 32113	3IGNATURE_	Signature, typed or printed name of registered agent and title if appli	cable (NOTE, Registere	d Agent signature re	quired when reinstating)		DATE	
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TILE D COCKES, JON A 23000 NE 85 AVE RD CITRA, FL 32113 TILE JAME JAME JIRECT ADDRESS JITY-ST-ZIP DO NOT WPITE JAME JAME JAME JAME JAME JAME JAME JAM	JAME STREET ADDRESS	COCKES, GIGI 23000 NE 85_AVE RD					**************	
GIRECT ADDRESS NITY-ST-ZIP ITIL NAME IN THIS SPACE	JAME JIREET ADDRESS	COCKES, JON A 23000 NE 85_AVE RD				(11/110/115 ⁻³)	0132-019	150.00
MAME	JAME TREET ADDRESS				DC	NOT	WRITE	
STREET ADDRESS MTY-ST-ZIP	IAME TREET ADDRESS				IN	THIS 5	SPACE	
TITLE GAME STREET ADDRESS SITY-ST-ZIP	TREET ADDRESS							
TITLE WANTE STREET ADDRESS SITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes.	JAME STREET ADDRESS SITY-ST-ZIP		v. • • • • • • • • • • • • • • • • • • •					

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 accep

12. I nereby certify that the information supplied with this filling 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CA CACACO

GNATURE AND TYPED OR PRINTED NAME O

Gigi Cockes

2/24/05

352/337-54/1