

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000088052

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** THE COUNTRY REGISTER OF FLORIDA, INC.

**Current Principal Place of Business:**

639 BERRYWOOD WAY  
PALM HARBOR, FL 34683 US

**New Principal Place of Business:**

**Current Mailing Address:**

639 BERRYWOOD WAY  
PALM HARBOR, FL 34683 US

**New Mailing Address:**

**FEI Number:** 59-3219345

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMAS, R. DEAN  
639 BERRYWOOD WAY  
PALM HARBOR, FL 34683 US

**Name and Address of New Registered Agent:**

THOMAS, RALPH D PD  
639 BERRYWOOD WAY  
PALM HARBOR, FL 34683 US

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: RALPH DEAN THOMAS

04/16/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: THOMAS, JEANETTE  
Address: 639 BERRYWOOD WAY  
City-St-Zip: PALM HARBOR, FL 34683

Title: VPD (X) Delete  
Name: THOMAS, R. DEAN  
Address: 639 BERRYWOOD WAY  
City-St-Zip: PALM HARBOR, FL 34683

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: THOMAS, RALPH D PD  
Address: 639 BERRYWOOD WAY  
City-St-Zip: PALM HARBOR, FL 34683

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

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: RALPH DEAN THOMAS

PD

04/16/2009

Electronic Signature of Signing Officer or Director

Date