FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1006

	1330	Sill Control							
DOCUN 1. Corporation	MENT # P940	00019152 (5	5)						
COUNT	RY WOODS-N-THINGS,	INC.						(1 11) 	
Principal Place of Business Mailing Address									
114 E BRANDON BLVD BRANDON FL 33511		BRANDON FL 33511	_						
US		US				3. Date Incorporated or Qualified 03/03/1994		ate of Last Re 04/18/199 5	'
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number 59-3228183		ļļ	pplied For
Suite, Apt. 4	# etc	26 Suite, Apt. #, etc.							lot Applicable Additional
22	.,	27				5. Certificate of Status Desired		•	Required
City & State	,	City & State				6. Election Campaign Financing			May Be
23 Zip	Country Zip			iritry		Trust Fund Contribution 8. This corporation has liability for			to Fees
24	25	29	30			Florida Statutes Yes			155.002,
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New I	tegister	d Agent	
				61	Name				
	ON, BEN R			B2	Street Add	ress (P.O. Box Number is Not Acceptal	ole)		
	UTHCREST COURT N FL 33510								
DKANUU	N FL 333 IV			83					
				84	City		F	L 85 Zip	Code
11. Pursuant t	o the provisions of Sections 607.0	0502 and 607,1508, Florida Stat	utes, the abo	ve-r	named corpo	ration submits this statement for the pu	rpose of	changing its re	gistered office
or registeri familiar wit	ed agent, or both, in the State of the control of t	Florida. Such change was autho Section 607.0505, Florida Statut	rized by the i es.	corp	oration s doa	ard of directors. I hereby accept the app	ointmeni	as registered	agent. i am
SIGNATURE _					~~~				
12.	Signature, typed or printed name of registered	agent and title if applicable S AND DIRECTORS	NOTE Registered	I Agen	t signature require	ed when reinstating) ADDITIONS/CHANGES TO OFF	DATE		3S IN 12
TITLE	DPD DELETE		1.11	ITLE	T	ADDITIONAL OFFICE TO OFF	IOLIIO A	Change	Addition
NAMÈ	JOHNSTON, BEN R		1.2 N					_ `	_
STREET ADDRESS	1602 SOUTHCREST COUR	RT	1.3 \$	TREET	ADDRESS				
CITY - ST - ZIP	BRANDON FL 33510		1.4 CI	ITY - S	T-ZIP				
TITLE	STD	☐ DELETE	2. 1 T	IILE				☐ Change	☐ Addition
NAME	JOHNSTON, BONNIE S		2.2 N	AVE					
STREET ADDRESS	1602 SOUTHCREST COU	RT	2.3 \$1	TREET	ADDRESS				
CITY - ST - ZIP	BRANDON FL 33510	☐ DELETE	240		T-ZIP	-		Change	☐ Addition
TITLE NAME			3. 1 T 3.2 N					L. Change	[] Addition
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP					T-ZIP				
TITLE		☐ DELETE	4. 1 T					☐ Change	☐ Addition
NAME			4.2 N	AVE					
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CITY - ST - ZIP					T- ZIP			F=) A:	FT1 4 a m
TITLE		-		TITLE				Change	Addition
NAME Capter Appoint			5.2 N		4DODECC				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		☐ DELETE	5.4 Cl		T- ZIP			Change	Addition Addition
NAME		<u>_</u>	62 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP					T-ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and cloes not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 13 if changed, of on an attachment with an address.

SIGNATURE:(

BEN JOHNSTON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

425-98 8136852012