

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000035708

Entity Name: KOUNTRY KOOLIN, INC.

FILED  
Apr 07, 2009  
Secretary of State

## Current Principal Place of Business:

WEEKS, MICHAEL D  
444 ST RD 21 NORTH  
HAWTHORNE, FL 32640 US

## New Principal Place of Business:

## Current Mailing Address:

WEEKS, MICHAEL D  
444 ST RD 21 N  
HAWTHORNE, FL 32640 US

## New Mailing Address:

WEEKS, MICHAEL D  
444 ST RD 21 NORTH  
HAWTHORNE, FL 32640 US

FEI Number: 59-3242468

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WEEKS, MICHAEL D  
444 ST ROAD 21 N  
HAWTHORNE, FL 32640 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WEEKS, MICHAEL D  
Address: 444 ST ROAD 21 N  
City-St-Zip: HAWTHORNE, FL

Title: D ( ) Delete  
Name: GRAELER, PAUL A  
Address: 15808 NW 202 STREET  
City-St-Zip: ALACHUA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: WEEKS, MICHAEL D  
Address: 444 ST ROAD 21 N  
City-St-Zip: HAWTHORNE, FL 32640 US

Title: D (X) Change ( ) Addition  
Name: GRAELER, PAUL A  
Address: 15808 NW 202 STREET  
City-St-Zip: ALACHUA, FL 32615 US

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: MICHAEL D. WEEKS

D

04/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date