| 2008 FOR PROFIT CORPORATION<br>ANNUAL REPORT  |  |   |   | FILED                              |   |
|---|--|---|---|------------------------------------|---|
| DOCUMENT # P95000046722<br>1. Entity Name<br>COUNTRY PINE CLASSICS, INC.  |  |   |   |                                    | Jan 22, 2008 08:00 AN<br>Secretary of State |
|   | E CENTER WAY   | lailing Address<br>1892 TRADE CENTER WAY<br>NAPLES, FL 34109 US |   |                                    |   |
| DO NOT WRITE IN THIS SPAC   |  |   |   | 01182008<br>4. FEI Numbo<br>65-059 |   |
| 6. Name and Address of Current Registered Agent<br>BOLGAN, CUNEYT<br>1892 TRADE CENTER WAY<br>NAPLES, FL 34109  |  |   | • |                                    | NOT WRITE<br>THIS SPACE                     |
| 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   |  |   |   |                                    |   |
| FiL<br>Aftor M  | E NOWI!! FEE IS \$150.00<br>ay 1, 2008 Fee will be \$550.00                            | 9. Election Campaign Financi<br>Trust Fund Contribution.        |   | 00 May Be<br>od to Fees            |   |
| 10.<br>TITLE<br>NAME<br>STREET ADDRESS<br>City-St-ZIP   | OFFICERS AND DIRES<br>D<br>BOLGAN, CUNEYT<br>1892 TRADE CENTER WAY<br>NAPLES, FL 34109 | CTORS   |   | <b>..</b>                          |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   |   |                                    | U00000791304<br>01/23/08-80070-010 158.75   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   |   |                                    |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   |   | IN 7                               | THIS SPACE                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |   |   |                                    |   |
| TITLE<br>NAME<br>STREET ADORESS<br>CITY-ST-ZIP  |  |   |   |                                    |   |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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. |  |   |   |                                    |   |