


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # R95000077563 1. Entity Name CORVETTE COUNTRY, INC.	
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Principal Place of Business 3607 SW 12TH COURT FT. LAUDERDALE, FL 33312	Mailing Address 3607 SW 12TH COURT FT. LAUDERDALE, FL 33312
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DO NOT WRITE IN THIS SPACE



01292005 No Chg-P CR2E034 (10/03)

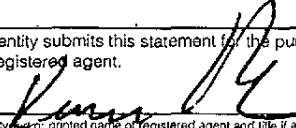
4. FEI Number 59-2727104	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KING, KENNETH
3607 SW 12TH COURT
FT. LAUDERDALE, FL 33312

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8. 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  (NOTE: Registered Agent signature required when reinstating) DATE

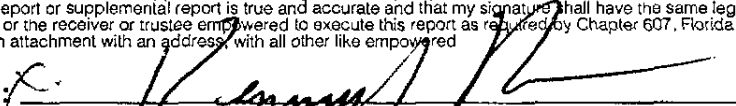
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PD NAME KING, THERESA STREET ADDRESS 3607 SW 12TH COURT CITY - ST - ZIP FT. LAUDERDALE, FL 33312	
TITLE VTD NAME KING, KENNETH STREET ADDRESS 3607 SW 12TH COURT CITY - ST - ZIP FT. LAUDERDALE, FL 33312	
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04/11/05-80037-003 150.00

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12. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date 4/11/05 Daytime Phone #