


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 08:00 A
Secretary of State

DOCUMENT # P95000077563	
1. Entity Name CORVETTE COUNTRY, INC.	

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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01272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2727104	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KING, KENNETH 3607 SW 12TH COURT FT. LAUDERDALE, FL 33312	DO NOT WRITE IN THIS SPACE
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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, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	PD KING, THERESA 3607 SW 12TH COURT FT. LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD KING, KENNETH 3607 SW 12TH COURT FT. LAUDERDALE, FL 33312
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02/28/07-80059-020-150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: 	DATE: _____	Daytime Phone #: 954 387 8384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		