2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

with an address, with all ower like empowered.

SIGNATURE:

Aug 02, 2004 8:00 am Secretary of State DOCUMENT # P96000056485 1. Entity Name 08-02-2004 90018 012 ***150.00 OVER THE HILL COUNTRY STORE INC. Mailing Address Principal Place of Business 14855 MAHAN DRIVE 14855 MAHAN DRIVE ひいだていひたみ TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (4/04) Applied For City & State 4. FEI Number City & State 59-3388705 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAMONT, DONNA J ---Street Address (P.O. Box Number is Not Acceptable) 14855 MAHAN DRIVE TALLAHASSEE FL 32308 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 \$.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be late fee. By checking this box, the corporation certifies it DUE BY September 8, 2004 Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change ☐ Addition TITLE ☐ Delete LAMONT, DONNA J NAME STREET ADDRESS STREET ADDRESS 14855 MAHAN DRIVE TALLAHASSEE FL 32308 City-St-ZiP CITY-ST-ZIP Change ☐ Addition TITLE Delete LAMONT, WILLIAM NAME NAME STREET ADDRESS 14855 MAHAN DRIVE STREET ADDRESS TALLAHASSEE FL 32308 CITY-ST-ZIP CITY-ST-ZIP Change - Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 efficer 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

FILED

(thecanel) P94000056485 44051490 727/04 To whom it may concern, I DIO NOT recieve DOC- P96000056185 by mail. I have Never IN the past paid late on my lorp FEE. I fee! that if I had pecieve the Above Document it would have surely been paid I recently opened A business within my business £ it has occupied my notro, my time & All my energy why was Not Notified prior to the Due Note I Do Not under STAND I have paid \$15000 as that is the amount I paid in past years notify me & died me to symposis I Bay address as I feel I am At At fault here. EI_XUMBER_59-3388705 OVER THE HILL POUNTY STUPE