

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000087794

1. Entity Name
COUNTRY R.V., INC.



Principal Place of Business
1617 WESTMINSTER RD
SEBRING, FL 33872 US

Mailing Address
1617 WESTMINSTER RD
SEBRING, FL 33872 US

2. Principal Place of Business
4682 US 27 S.

3. Mailing Address
4682 US 27 S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sebring, FL

City & State
Sebring, FL

Zip
33870

Country
US

Zip
33870

Country
US

4. FEI Number
65-0715000

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NICKERSON, WILLARD C
1617 WESTMINSTER RD
SEBRING, FL 33872

Name
Willard C. Nickerson

Street Address (P.O. Box Number is Not Acceptable)
4682 US 27 S.

City
Sebring

FL
33870

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 *George Nickerson*

(NOTE: Registered Agent signature required when reinstating)

DATE *4/4/05*

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NICKERSON, WILLARD C 1617 WESTMINSTER RD. SEBRING, FL 33872	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Willard C. Nickerson 4682 US 27 S. Sebring, FL 33870	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *George Nickerson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/05 883 382 7667
Date Daytime Phone #

**FILED
Apr 07, 2005 8:00 am
Secretary of State**

04-07-2005 90027 021 ***150.00