## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000015282

Entity Name: THE COUNTRY DOCTOR'S OFFICE, INC.

FILED Sep 01, 2005 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
	ST STREET ND, FL 32626				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P.O. BOX CHIEFLAI	2497 ND, FL 32644				
FEI Number: 59-3491936		FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	IILLIP K V. 115TH ST. ND, FL 32644	US			
	e named entity : e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electror	ic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PVD ( ) MOTT, WILLIAI 228 S.E. AVE. CHIEFLAND, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST ( ) GRIFFIS, DAVE 500 NY AVE., U DUNEDIN, FL	INIT 35	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J. MOTT **PVD** 09/01/2005