

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000021780

Entity Name: COUNTRY HARVEST, INC.

FILED
Nov 02, 2007
Secretary of State

Current Principal Place of Business:

1285 A S MISSOURI AVENUE
CLEARWATER, FL 33759

New Principal Place of Business:

1285-A SOUTH MISSOURI AVENUE
CLEARWATER, FL 33759

Current Mailing Address:

1285 A S MISSOURI AVENUE
CLEARWATER, FL 33759

New Mailing Address:

1285-A SOUTH MISSOURI AVENUE
CLEARWATER, FL 33759

FEI Number: 59-3496059

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIZIS, JAMES
1285-A S. MISSOURI AVE
CLEARWATER, FL 33759 US

Name and Address of New Registered Agent:

TRIZIS, STEVE
1285-A SOUTH MISSOURI AVENUE
CLEARWATER, FL 33759 US

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.

SIGNATURE: STEVE TRIZIS

11/02/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TRIZIS, STEVE
Address: 1609 FORTUNE DR.
City-St-Zip: CLEARWATER, FL 34616

Title: TD (X) Delete
Name: TRIZIS, GUS
Address: 2635 LORENA LANE
City-St-Zip: CLEARWATER, FL 34625

Title: S (X) Delete
Name: TRIZIS, JAMES
Address: 1285-A S MISSOURI AVE
City-St-Zip: CLEARWATER, FL 33759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: TRIZIS, STEVE
Address: 1571 JONATHAN COURT
City-St-Zip: LARGO, FL 33770

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: STEVE TRIZIS

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11/02/2007

Electronic Signature of Signing Officer or Director

Date