


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90240 047 \*\*\*150.00

<b>DOCUMENT # P99000011924</b>		
1. Entity Name <b>COUNTRY PROPERTIES, INC.</b>		

Principal Place of Business <b>P.O. BOX 449 WILLISTON, FL 32696</b>	Mailing Address <b>P.O. BOX 449 WILLISTON, FL 32696</b>
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2. Principal Place of Business - No P.O. Box # <b>50 SW 7th street</b>	3. Mailing Address Suite, Apt. #, etc.
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City & State <b>Williston</b>	City & State
Zip <b>32696</b>	Country <b>Levy</b>



01042007 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-3556547</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>FUGATE, NORM D 248 NW MAIN ST WILLISTON, FL 32696</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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.	
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SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS O'CONNOR, LAURA 17250 NE 35TH STREET / PO Box 449 WILLISTON, FL 32696</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Laura O'Connor</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>1/4/07</u> <u>352-528-3900</u> <small>Date Daytime Phone #</small>
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