

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000081339

FILED  
May 10, 2004  
Secretary of State

Entity Name: COUNTRY COTTAGE ROOF, INC.

## Current Principal Place of Business:

500 CANNON CREEK CTR ROAD  
LAKE CITY, FL 32025

## New Principal Place of Business:

## Current Mailing Address:

RT 10 BOX 596  
LAKE CITY, FL 32025

## New Mailing Address:

FEI Number: 59-3595744

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, C. HOLT III  
233 EAST BAY STREET, SUITE 930  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HUBER, BARRY R  
Address: P. O. BOX 1264  
City-St-Zip: LAKE CITY, FL 32056

Title: CD ( ) Delete  
Name: COOKE, GARY D  
Address: P. O. BOX 2133  
City-St-Zip: LAKE CITY, FL 32056

Title: V ( ) Delete  
Name: HUBER, ABRAM B  
Address: P.O. BOX 932  
City-St-Zip: LAKE CITY, FL 32056

Title: ST ( ) Delete  
Name: CARRENDER, LUKE  
Address: RT 9 BOX 785-51  
City-St-Zip: LAKE CITY, FL 32024

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: ABRAM HUBER

VP

05/10/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date