## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000081339

RT 9 BOX 785-51

LAKE CITY, FL 32024

Address:

City-St-Zip:

FILED Jan 11, 2006 Secretary of State

Entity Nan	ne: COUNTF	RY COTTAGE ROOF, INC.				
Current Principal Place of Business:			New Princip	New Principal Place of Business:		
	NG COURT ', FL 32025					
Current Mailing Address:			New Mailing Address:			
	NG COURT ', FL 32025					
FEI Number:	59-3595744	FEI Number Applied For ( )	FEI Number Not Applica	able ( ) Certificate of S	Status Desired()	
Name and Address of Current Registered Agent:			Name and A	Name and Address of New Registered Agent:		
SMITH, C. HOLT III 233 EAST BAY STREET, SUITE 930 JACKSONVILLE, FL 32202 US			496 SW RING	HUBER, ABRAM 496 SW RING COURT LAKE CITY, FL 32025 US		
The above in the State		submits this statement for the p	ourpose of changing its	registered office or registe	ered agent, or both,	
SIGNATUR	RE: ABRAMI	HUBER		01/11/2006		
	Electro	nic Signature of Registered Age	ent	Date		
Election Can	npaign Financin	g Trust Fund Contribution ( ).				
OFFICERS	AND DIREC	TORS:	ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD ( HUBER, BARR P. O. BOX 126 LAKE CITY, FL	4	Title: Name: Address: City-St-Zip:	()Change ()Ado	dition	
Title: Name: Address: City-St-Zip:	CD (X COOKE, GARY P. O. BOX 213 LAKE CITY, FL	3	Title: Name: Address: City-St-Zip:	()Change ()Ado	dition	
Title: Name: Address: City-St-Zip:	V ( HUBER, ABRA P.O. BOX 932 LAKE CITY, FL		Title: Name: Address: City-St-Zip:	()Change ()Ado	dition	
Title: Name:	ST (X CARRENDER,	) Delete LUKE	Title: Name:	() Change () Add	dition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: ABRAM HUBER V 01/11/2006