2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005
Secretary of State

DOCUMENT# P99000084125

Entity Name: KISSIMMEE RIVER COUNTRY CORNER CORP.

Current Principal Place of Business:

24203 HIGHWAY 60 EAST
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

1845 SHADY LANE
LAKE WALES, FL 33853

New Mailing Address:

FEI Number: 59-3599262 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARPER, CHRISTINA A
1845 SHADY LANE
LAKE WALES, FL 33898 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: PRES ( ) Delete
Name: HARPER, CHRISTINA A
Address: 1845 SHADY LANE
City-St-Zip: LAKE WALES, FL 33898 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DIR ( ) Change (X) Addition
Name: MALETZO, GARY A
Address: 1343 SHADY LANE
City-St-Zip: LAKE WALES, FL 33898

Title: DIR ( ) Change (X) Addition
Name: MALTEZO, JENA K
Address: 1343 SHADY LANE
City-St-Zip: LAKE WALES, FL 33898

Title: DIR ( ) Change (X) Addition
Name: HUFFMAN, CALVIN
Address: 7 EGRET LANE
City-St-Zip: LAKE WALES, FL 33867

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: CHRISTINA A HARPER PS 03/23/2005

Electronic Signature of Signing Officer or Director — Date