2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # S64309 1. Entity Name COUNTY LINE OF TEQUESTA, INC. Principal Place of Business

US



FILED Feb 21, 2008 08:00 Al Secretary of State

Mailing Address

875 DONALDROSSROAD JUNOBEACH, FL 33408 1022 10TH COURT

PALM BEACH GARDENS, FL 33410



02132008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0291265 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KETHCHENS, KATHERINE A. 1022 10TH COURT PALM BEACH GARDENS, FL 33410

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PALM BEACH GARDENS, FL 33410				IN ⁻	THIS SPACE
the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its register	ed office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	il applicable (NOTE: Registere	d Agent signature	required when reinstating)	DATE
	E NOWILL FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	U00000834318 02/28/08-80047-020 158.75
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT D KETCHENS, KATHERINE A. 1022 10TH COURT PALM BEACH GRDNS, FL	CTORS		-c.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			, , , ,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				t .	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN [*]	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				& OATE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

indicated on this report or supplemental report is true and accurate and that my signature shall have a same logal 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 Charles 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

Date

apter 119, Florida Statutes, I further certify that the information

Daytime Phone #