2004 FOR PROFIT CORPORATION

FILED May 03. 2004 08:00 AM

ANNUAL REPORT			Secretary of State			
DOCUMENT # S86060 1. Entity Name COUNTRY CLUB PROPERTIES, INC.	D.			Sec	cretary of Su	ate
Principal Place of Business 2325 ULMERTON RD FEATHER SOUND SQUARE SHOPPING CENTER #1 CLEARWATER, FL 34622	Mailing Address 2325 ULMERTON RD 1 FEATHER SOUND SQUARE SHO CLEARWATER, FL 34622	OPPING CENTER #	===			
DO NOT WRITE	IN THIS SPA	CE	04232004 4. FE! Number 59-309	No Chg-P	CR2E034 (10/03) Applied Not App \$8.75 Additional Fee Required	For licable
6. Name and Address of Current	Registered Agent					
TEACHER, RICHARD D SR 814 FIG TREE LN BRANDON, FL 33511				NOT WI		
 The above named entity submits this statement to the obligations of registered agent. 	r the purpose of changing its register	red office ar register	red agent, or bo	th, in the State of Flor	da I am familiar with, and a	ccept
SIGNATURE Signature, typed or printed name of registered agent.	and title if applicable (NOTE Registers	ed Agent signature required	when reinstating)		DATE	
FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.		cing \$5.00 May Be				
10. OFFICERS AND	DIRECTORS	-[
ITILE P NAME TEACHER, RICHARD D SR STREET ADDRESS 814 FIG TREE LN CITY-ST-ZIP BRANDON, FL 33511				<u>[67</u> 000 45,03/04-6	49478 9146-022 1 5 0.0	ľ
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP				NOT W		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			IN	THIS SP	ACE	
TITLE						

12. I hereby cartify that the information supplied with this filling does not qualify 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 signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the reserver or trustee empowered to execute his 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 who in appreciate the empowered

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-St-ZIP

TEL NAME OF SIGNING OFFICER OR DIRECTOR