2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90249 049 ***150.00

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04282004 Chg-P CR2E034 (10/03)

DOCUMENT # V58765

1. Entity Name
THE COUNTING HOUSE, INC.

Principal Place of Business	Mailing Address
~~1113 E. INVERNESS BLVD.~~ ~~INVERNESS, FL 34452-6779 US~~	~~1113 E. INVERNESS BLVD.~~ ~~STE E~~ ~~INVERNESS, FL 34452-6779 US~~

2. Principal Place of Business	3. Mailing Address
10520 E. Gobbler DR.	P.O. Box 433
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Floral City, Fl	City & State: Floral City, Fl
Zip: 34436-2219 Country: ~~CITRUS~~ USA	Zip: 34436-0433 Country: E USA

4. FEI Number: 59-3145658 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DESCH, CINDY A.
~~1113 E. INVERNESS BLVD.~~
~~INVERNESS, FL 34452-6779~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 10520 E Gobbler DR
City: Floral City FL Zip Code: 34436

8. 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. I am familiar with and accept the obligations of registered agent.

SIGNATURE: Cindy ADesch 4/28/04

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DESCH, CINDY A. ~~1113 E. INVERNESS BLVD.~~ ~~INVERNESS, FL 344526779~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP 10520 E Gobbler DR. Floral City Fl 34436 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or 11 above, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cindy ADesch 4/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date