

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L11367

**Entity Name:** COUNTY LINE MOWER CENTER, INC.

**Current Principal Place of Business:**

15434 COUNTY LINE RD  
SPRING HILL, FL 34610

**Current Mailing Address:**

15434 COUNTY LINE RD  
SPRING HILL, FL 34610

**FEI Number:** 59-2975157

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CONA, VINCENT  
15434 COUNTY LINE RD  
SPRING HILL, FL 34610 US

*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

**Officer/Director Detail :**

Title PD  
Name CONA, VINCENT  
Address 15434 COUNTY LINE RD  
City-State-Zip: SPRING HILL FL 34610

Title STD  
Name CONA, LINDA  
Address 15434 COUNTY LINE RD  
City-State-Zip: SPRING HILL FL 34610

Title VP  
Name CONA, SANDRA  
Address 15434 COUNTY LINE RD  
City-State-Zip: SPRING HILL FL 34610

Title V  
Name CONA, MICHAEL  
Address 15434 COUNTY LINE RD  
City-State-Zip: SPRING HILL FL 34610

*I hereby 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 all other like empowered.*

**SIGNATURE:** VINCENT CONA

**PRESIDENT**

**01/07/2014**

Electronic Signature of Signing Officer/Director Detail

Date