

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000081810

Entity Name: KATIE'S KOUNTRY KORNER, INC.

Current Principal Place of Business:

406 ALLEN AVENUE
EVERGLADES CITY, FL 34139

Current Mailing Address:

PO BOX 402
EVERGLADES CITY, FL 34139 US

FEI Number: 80-0395696

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HOUSE, MITCHELL DJR.
406 ALLEN AVENUE
EVERGLADES CITY, FL 34139 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 P
Name HOUSE, MITCHELL DJR.
Address PO BOX 402
City-State-Zip: EVERGLADES CITY FL 34139

Title VP
Name HOUSE, MITCHELL DJR.
Address PO BOX 402
City-State-Zip: EVERGLADES CITY FL 34139

Title S
Name HOUSE, JANETTE N
Address PO BOX 402
City-State-Zip: EVERGLADES CITY FL 34139

Title T
Name HOUSE, JANETTE N
Address PO BOX 402
City-State-Zip: EVERGLADES CITY FL 34139

Title D
Name HOUSE, MITCHELL DJR.
Address PO BOX 402
City-State-Zip: EVERGLADES CITY FL 34139

Title D
Name HOUSE, JANETTE N
Address PO BOX 402
City-State-Zip: EVERGLADES CITY FL 34139

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: JANETTE N HOUSE

SECRETARY

04/02/2018

Electronic Signature of Signing Officer/Director Detail

Date