

**2020 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: MITCHELL HOUSE**

**PRESIDENT**

**06/28/2020**

Electronic Signature of Signing Officer/Director Detail

Date