

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000081810

FILED
Apr 14, 2010
Secretary of State

Entity Name: KATIE'S KOUNTRY KORNER, INC.

Current Principal Place of Business:

1881 OCEAN POND RD
PERRY, FL 32348 US

New Principal Place of Business:

15729 BEACH ROAD (HWY 361)
PERRY, FL 32348 US

Current Mailing Address:

PO BOX 402
EVERGLADES CITY, FL 34139 US

New Mailing Address:

FEI Number: 80-0395696 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOUSE, MITCHELL D JR.
406 ALLEN AVENUE
EVERGLADES CITY, FL 34139 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: HOUSE, MITCHELL D JR.
Address: PO BOX 402
City-St-Zip: EVERGLADES CITY, FL 34139 US

Title: VP
Name: HOUSE, MITCHELL D JR.
Address: PO BOX 402
City-St-Zip: EVERGLADES CITY, FL 34139 US

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

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

Title: D
Name: HOUSE, MITCHELL D JR.
Address: PO BOX 402
City-St-Zip: EVERGLADES CITY, FL 34139 US

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

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

STD

04/14/2010

Electronic Signature of Signing Officer or Director

_____ Date