## **2008 FOR PROFIT CORPORATION**

## FILED **ANNUAL REPORT** Mar 13, 2008 08:00 A Secretary of State **DOCUMENT # P02000009576** 1. Entity Name COUNTRYSIDE AVIONICS, INC. Principal Place of Business Mailing Address 2325 82ND AVE SW 2325 82ND AVE SW VERO BCH, FL 32968 VERO BCH, FL 32968 03102008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 04-3661121 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ELLIS, CHARLES D DO NOT WRITE 2325 82ND AVE SW VERO BCH, FL 32968 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE U00000857209 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 03/31/08-80004-023 150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME ELLIS, CHARLES D 2325 82ND AVE. SW STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32960 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lehar

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR