

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90032 029 ***150.00

DOCUMENT # P94000008229
 1. Entity Name
 COUNTRYSIDE STABLES LIMITED, INC.



Principal Place of Business
 40804 WHILDEN LANE
 LEESBURG, FL 34788 US

Mailing Address
 40804 WHILDEN LANE
 LEESBURG, FL 34788 US

54013272

2. Principal Place of Business
 9628 N US HWY 301

3. Mailing Address
 9628 N US HWY 301

Suite, Apt. #, etc.

City & State
 WILDWOOD FL.

City & State
 WILDWOOD FL

Zip
 34785-8772

Country
 US

Zip
 34785-8772

Country
 US



02212004 Chg-P CR2E034 (10/03)

4. FEI Number
 59-3292271

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SNOW, JOHN R ESQ
 407 WEKIVA SPRINGS RD.
 SUITE 229
 LONGWOOD, FL 32779

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable):
 City: FL Zip Code:

B. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE V	PASCARELLA, VINCENT 40804 WHILDEN LANE LEESBURG, FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DPT	PASCARELLA, JANISE 40804 WHILDEN LANE LEESBURG, FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: Janis Pascarella Janis Pascarella 2-26-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #