

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000008229

**Entity Name:** COUNTRYSIDE STABLES LIMITED, INC.

**Current Principal Place of Business:**

2252 CR 202  
OXFORD, FL 34484

**Current Mailing Address:**

PO BOX 307  
OXFORD, FL 34484 US

**FEI Number: 59-3292271**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SNOW, JOHN RESQ  
407 WEKIVA SPRINGS RD.  
SUITE 229  
LONGWOOD, FL 32779 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            V  
Name            PASCARELLA, VINCENT  
Address        2252 CR 202 PO BOX 307  
City-State-Zip: OXFORD FL 34484

Title            DPT  
Name            PASCARELLA, JANIS  
Address        2252 CR 202 PO BOX 307  
City-State-Zip: OXFORD FL 34484

*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: JANIS PASCARELLA**

**DPT**

**01/14/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date