2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F06000000935

1. Entity Name
COUNTRYSIDE RENTAL SERVICES INC.

Principal Place of Business	Mailing Address
16290 COOK RD FORT MYERS, FL 33908	P.O. BOX 595 CAPTIVA, FL 33924

DO NOT WRITE IN THIS SPACE

03252008   No Chg-P   CR2E034 (11/05)

4. FEI Number 04-3507410	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHANDLER, WILLIAM
16290 COOK RD
FORT MYERS, FL 33908

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS

TITLE	PSTC
NAME	CHANDLER, WILLIAM M
STREET ADDRESS	16290 COOK RD
CITY-ST-ZIP	FORT MYERS, FL 33908

TITLE	
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04/10/08-90083-022 150.00

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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: _____ President   3-24-08   239-699-6779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #