


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # F19062 1. Entity Name COUNTRYMAN, INC.	
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Principal Place of Business 8330 LITTLETON ROAD UNIT G-25 NORTH FORT MYERS, FL 33903	Mailing Address 13180 N CLEVELAND AVE STE 218 NORTH FORT MYERS, FL 33903 US
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**DO NOT WRITE IN THIS SPACE**



01302007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0047945	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

COUNTRYMAN, TRACY V.  
40661 SUZAN DRIVE  
PUNTA GORDA, FL 33955-9617

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COUNTRYMAN, TRACY V. 40661 SUZAN DRIVE PUNTA GORDA, FL 33955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MATEO, JUAN-FRANCISCO 490 EVANS ROAD LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARRIS, DANA T 8379 MARX DRIVE NORTH FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000704411  
04/23/07-80010-004 150.00

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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: Tracy Countryman Date: 4-10-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR