


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # F19062

1. Entity Name
COUNTRYMAN, INC.



Principal Place of Business Mailing Address

**8330 LITTLETON ROAD
 UNIT G-25
 NORTH FORT MYERS, FL 33903**

**13180 N CLEVELAND AVE STE 218
 NORTH FORT MYERS, FL 33903 US**

DO NOT WRITE IN THIS SPACE



04182008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0047945

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

DO NOT WRITE 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 _____ (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

**U00000941317
 05/28/08-80103-002 150.00**

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	

DO NOT WRITE IN THIS SPACE

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* Tracy Countryman *4-27-08* 239-543-4115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #