2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attach

SIGNATURE:

Mar 25, 2005 8:00 am Secretary of State DOCUMENT # H63655 1. Entity Name 03-25-2005 90027 010 ***158.75 COUNTRYSIDE CARS, INC. Principal Place of Business Mailing Address 1028 CHILLUM CT SAFETY HARBOR FL 34695 23499 HS 19 M **CLEARWATER FL 33765** 2. Principal Place of Busines: 3. Mailing Address Above 1945 Sunset SAME Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number Applied For 59-2544532 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired inellas Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nama - -BAKER, GEORGE D. Street Address (P.O. Box Number is Not Acceptable) 1028 CHILLUM CT CLEARWATER FL 34695 Zip Code 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 SIGNATURE DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPS TITLE Delete THE ☐ Addition BAKER, GEORGE D. NAME NAME 23499 US 19 N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33765** CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 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 repetiter 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

FILED