


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # J19685
 1. Entity Name
 COUNTRYSIDE POINT, INC.



| | |
|--|--|
| Principal Place of Business 1875 N BELCHER RD 201 CLEARWATER, FL 33765 US | Mailing Address 1875 N BELCHER RD 201 CLEARWATER, FL 33765 US |
|--|--|



03092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number 59-2735142 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 CARROLL, ROBERT J.
 1875 BELCHER RD., N. #101
 SUITE 300
 CLEARWATER, FL 33765

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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 (file if applicable). (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV AVRIL, JOHN J. 1875 BELCHER RD #201 CLEARWATER, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT PERENICH, MARK H. 1875 BELCHER RD., N. CLEARWATER, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CARROLL, ROBERT J. 1875 BELCHER RD., N. CLEARWATER, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS CAULFIELD, BRYAN 1875 N BELCHER RD CLEARWATER, FL 33765 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 03/17/05-80024-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:  ROBERT J. CARROLL 3/15/05 (727) 796-8282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #