


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J19685</b>	
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
--	--

**DO NOT WRITE IN THIS SPACE**



04082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2735142	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

CARROLL, ROBERT J.  
 1875 BELCHER RD., N. #101  
 SUITE 300  
 CLEARWATER, FL 33765

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 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	U00000898748 04/28/08-80010-008 150.00
---	---	------------------------------------	---

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	

**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:**  **ROBERT J. CARROLL** 10/08 (727) 796-8282  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #