

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 30, 2005 08:00 AM
Secretary of State**

DOCUMENT # L03000048381

1. Entity Name

COUNTRY SIDE PAINTING, LLC



Principal Place of Business

200 ASHLEY LANE
OLDSMAR, FL 34677

Mailing Address

200 ASHLEY LANE
OLDSMAR, FL 34677



04222005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

26-0075928

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

FERGUSON, WILLIAM P
200 ASHLEY LANE
OLDSMAR, FL 34677

**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

All Information stays the same as it is. William P. Ferguson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retaking)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

000000346196
04/30/05-80064-022 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE

MGRM

NAME

FERGUSON, WILLIAM P

STREET ADDRESS

200 ASHLEY LANE

CITY - ST - ZIP

OLDSMAR, FL 34677

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 609, Florida Statutes.

SIGNATURE:

William P. Ferguson (William P. Ferguson)

4/25/05

(727) 421-7078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #