2005 FOR PROFIT CORPORATION

Apr 04, 2005 08:00 AM Secretary of State ANNUAL REPORT-DOCUMENT # L36614 COUNTRYSIDE PROPERTIES OF NORTH FLORIDA, INC. Principal Place of Business Mailing Address 220 MCKENZIE AVE 220 MCKENZIE AVE PANAMA CITY, FL 32401 PANAMA CITY, FL 32401 01262005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2988342 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HUGHES, J. ROBERT DO NOT WRITE 220 MCKENZIE AVE PANAMA CITY, FL 32401 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, typed or printed name of registered agent and title if applicable [NOTE Registered Agent signature required when reinstating] 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME GYULAY, JOSEPH R. 433 HARRISON STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL U00000287268 04/04/05-80064-001 150.00 **VPS** TITLE NAME GYULAY, JOAN M. STREET ADDRESS 433 HARRISON CITY-ST-ZIP PANAMA CITY, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZiP TITLE NAME STREET ADDRESS 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 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

NAME STREET ADDRESS CITY ST-ZIP

OFFICER OR DIRECTOR

FILED