

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90167 046 \*\*\*150.00

<b>DOCUMENT #</b> L 36702	
<b>1. Entity Name</b>	
Countryman & Associates, PA CPA	

**DO NOT WRITE IN THIS SPACE**

**20048255**

<b>2. Principal Place of Business</b> 16011 Nebraska Avenue North		<b>3. Mailing Address</b> 16011 Nebraska Avenue North	
Suite, Apt. #, etc. Suite 106		Suite, Apt. #, etc. Suite 106	
City & State Lutz, FL		City & State Lutz, FL	
Zip 33549-6158	Country USA	Zip 33549-6158	Country USA

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b> 59-2981184		<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable
	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
	<b>7. Name and Address of Current Registered Agent</b>		
	Name John A. Countryman		
	Street Address (P.O. Box Number is Not Acceptable) 16011 Nebraska Avenue North		
Suite 106			
City Lutz			<b>FL</b> Zip Code 33549-6158

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  John A. Countryman \ President 4/22/2005  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

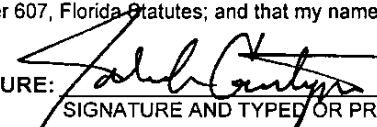
January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR John A. Countryman 16011 Nebraska Avenue N. Ste 106 Lutz, Florida 33549-6158	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:  John A. Countryman \ President 4/22/2005 (813) 949-1450  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #