


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90014 048 ***150.00

DOCUMENT # P01000065283 1. Entity Name COUNTRYSIDE PUBLISHING COMPANY, INC.					
Principal Place of Business 135 HUNTER LAKE DRIVE # D OLDSMAR, FL 34677			Mailing Address 135 HUNTER LAKE DRIVE # D OLDSMAR, FL 34677		
2. Principal Place of Business <i>3135 State Road 580</i>		3. Mailing Address <i>3135 State Road 580</i>			
Suite, Apt. #, etc. <i>Suite #6</i>		Suite, Apt. #, etc. <i>Suite #6</i>			
City & State <i>Safety Harbor, FL</i>		City & State <i>Safety Harbor, FL</i>			
Zip <i>34695</i>	Country <i>U.S.</i>	Zip <i>34695</i>	Country <i>U.S.</i>	4. FEI Number 59-3730387	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SHAWN, YVONNE 9940 BRIAN ROAD NORTH PALM HARBOR, FL 34686			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>3135 State Road 580</i> <i>Suite #6</i> City <i>Safety Harbor</i> <i>FL</i> Zip Code <i>34695</i>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President/Secretary/Director</i> <i>Yvonne Shawn</i> <i>3135 State Road 580, Suite #6</i> <i>Safety Harbor, FL 34695</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Yvonne Shawn Pres</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>3-23-04</i> 727-726-3400 <small>Date Daytime Phone #</small>		