

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90056 002 \*\*\*150.00

<b>DOCUMENT # P01000065283</b> 1. Entity Name <b>COUNTRYSIDE PUBLISHING COMPANY, INC.</b>			
Principal Place of Business <b>3135 STATE ROAD 580, STE 6 SAFETY HARBOR FL 34695</b>		Mailing Address <b>3135 STATE ROAD 580, STE 6 # D SAFETY HARBOR FL 34695</b>	
2. Principal Place of Business <b>477 Commerce Blvd</b> Suite, Apt. #, etc.		3. Mailing Address <b>477 Oldsmar</b> Suite, Apt. #, etc.	
City & State <b>Oldsmar, FL</b> Zip <b>34677</b> Country <b>U.S.</b>		City & State <b>Oldsmar, FL</b> Zip <b>34677</b> Country <b>U.S.</b>	
4. FEI Number <b>59-3730387</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SHAWN, YVONNE 3135 STATE ROAD 580, STE 6 SAFETY HARBOR FL 34695</b>		7. Name and Address of New Registered Agent Name <b>Yvonne Shawn</b> Street Address (P.O. Box Number is Not Acceptable) <b>477 Commerce Blvd</b> City <b>Oldsmar, FL</b> Zip Code <b>34677</b>	
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 <b>Yvonne Shawn</b> DATE <b>1-25-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD <input type="checkbox"/> Delete <b>SHAWN, YVONNE</b> <b>3135 STATE ROAD 580, STE 6</b> <b>SAFETY HARBOR FL 34695</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Shawn Yvonne</b> <b>477 Commerce Blvd</b> <b>Oldsmar, FL 34677</b>
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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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

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: **Yvonne Shawn** **Pres** **1-25-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **813-925-0195**