2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 05, 2004 08:00 AM Secretary of State DOCUMENT # P01000094973 1. Entity Name COUNTREEWIDE PROPERTIES, INC. Principal Place of Business Mailing Address 9115 58TH DRIVE E. SUITE A 9115 58TH DRIVE E, SUITE A BRADENTON, FL 34202 BRADENTON, FL 34202 No Chg-P CR2E034 (10/03) 02102004 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1142577 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent D'URSO, LARRY J DO NOT WRITE 9115 58TH DRIVE E, SUITE A BRADENTON, FL 34202 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 UCCOOFH 56845 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 /C5/O4=80089-N18.150.00 OFFICERS AND DIRECTORS 10. PDST TITLE D'URSO, LARRY J JR NAME STREET ADDRESS 9115 58TH DRIVE EAST STE A CITY-ST-ZIP BRADENTON, FL 34202 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

DO NOT WRITE IN THIS SPACE

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 a propose of the propose of the propose of the changed.

SIGNATURE:

NAME STREET ADDRESS

NAME STREET ADDRESS CITY - ST - ZIP TITLE

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04

941-756-<u>8441</u>

FILED