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## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 27, 2007 8:00 am Secretary of State DOCUMENT # P01000094973 04-27-2007 90189 025 \*\*\*150.00 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 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 04182007 CR2E034 (12/06) 4. FEI Number Applied For City & State City & State 65-1142577 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent D'URSO, LARRY J Street Address (P.O. Box Number is Not Acceptable) 9115 58TH DRIVE E, SUITE A **BRADENTON, FL 34202** City Zip Code FL 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PDST ☐ Addition TITLE ☐ Detete TITLE ☐ Change D'URSO, LARRY J JR NAME NAME 9115 58TH DRIVE EAST STE A STREET ADDRESS STREET ADDRESS BRADENTON, FL 34202 CITY-ST-ZIP CITY-ST-ZIP TITLE Change TITLE Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZiP CITY-ST-ZIP ☐ Change TITLE ☐ Defete TITLE Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 eath; 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

941-752-8441