

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000068415

1. Entity Name
COUNTRYSIDE LIQUORS, INC.



Principal Place of Business
**2454 MCMULLEN BOOTH ROAD, STE 204
CLEARWATER, FL 33759 US**

Mailing Address
**4487 CRESCENT ROAD
SPRING HILL, FL 34606 US**



03112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1172790

Applied For
Not Applicable

6. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ALBERTELLI, JOSEPH C
2454 MCMULLEN BOOTH ROAD
STE 204
CLEARWATER, FL 33759**

**DO NOT WRITE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ALBERTELLI, JOSEPH C
STREET ADDRESS	PO BOX 3245
CITY-ST-ZIP	SPRING HILL, FL 34611
TITLE	VP,
NAME	BARTLEYT, BARBARA
STREET ADDRESS	4487 CRESCENT ROAD
CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	T
NAME	ALBERTELLI, MARION
STREET ADDRESS	PO BOX 3245
CITY-ST-ZIP	SPRING HILL, FL 34611
TITLE	S
NAME	BARTLEYT, BARBARA
STREET ADDRESS	4487 CRESCENT ROAD
CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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 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: Barbara Bartlett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/06 913 431 2137
Date Daytime Phone #