

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**May 17, 2007 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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **57-1172790**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME ALBERTELLI, JOSEPH C  
STREET ADDRESS PO BOX 3245  
CITY- ST- ZIP SPRING HILL FL 34611

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE **VP,** ☐ Delete  
NAME BARTLETT, BARBARA  
STREET ADDRESS 4487 CRESCENT ROAD  
CITY- ST- ZIP SPRING HILL FL 34606

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE **T** ☐ Delete  
NAME ALBERTELLI, MARION  
STREET ADDRESS PO BOX 3245  
CITY- ST- ZIP SPRING HILL FL 34611

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE **S** ☐ Delete  
NAME BARTLETT, BARBARA  
STREET ADDRESS 4487 CRESCENT ROAD  
CITY- ST- ZIP SPRING HILL FL 34606

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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CITY- ST- ZIP

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NAME  
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

*4/26/07*  
Date

Daytime Phone #