


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90058 017 ***150.00

DOCUMENT # P04000168201 1. Entity Name COUNTRYSIDE REPRESENTATIVES, INC.																																					
Principal Place of Business 106 STATE ST. OLDSMAR, FL 34677 US			Mailing Address 106 STATE ST. OLDSMAR, FL 34677 US																																		
2. Principal Place of Business 477 Commerce Blvd Suite, Apt. #, etc.		3. Mailing Address 477 Commerce Blvd Suite, Apt. #, etc.																																			
City & State Oldsmar, FL		City & State Oldsmar, FL		4. FEI Number 20-2010752																																	
Zip 34677		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent CRANEY, ALLEN 106 STATE ST. OLDSMAR, FL 34677			7. Name and Address of New Registered Agent Name Allen Craney Street Address (P.O. Box Number is Not Acceptable) 477 Commerce Blvd City Oldsmar FL Zip Code 34677																																		
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 Allen Craney 2/10/05 <small>Signature, typed or printed name of registered agent and not applicable. (If CC: Registered Agent signature required when reinstating)</small>																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> P.S CRANEY, ALLEN 106 STATE ST. OLDSMAR, FL 34677 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S CRANEY, ALLEN 106 STATE ST. OLDSMAR, FL 34677 <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 477 Commerce Blvd. Oldsmar, FL 34677 </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 477 Commerce Blvd. Oldsmar, FL 34677														
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S CRANEY, ALLEN 106 STATE ST. OLDSMAR, FL 34677 <input type="checkbox"/> Delete																																				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 477 Commerce Blvd. Oldsmar, FL 34677																																				
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: Allen Craney 2/10/05 813-925-0195 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																					