

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90356 041 ***150.00

DOCUMENT # P04000168201

1. Entity Name
COUNTRYSIDE REPRESENTATIVES, INC.



Principal Place of Business
477 COMMERCE BLVD
OLDSMAR, FL 34677 US

Mailing Address
477 COMMERCE BLVD
OLDSMAR, FL 34677 US



2. Principal Place of Business

3. Mailing Address

P.O. Box 1735

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242006 Chg-P CR2E034 (11/05)

City & State

City & State

Oldsmar, FL

4. FEI Number
20-2010752

Applied For
Not Applicable

Zip

Country

Zip

Country

34677

US

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

CRANEY, ALLEN
477 COMMERCE BLVD
OLDSMAR, FL 34677

Name

Jerry Bertsch

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

3/24/06

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P,S ☒ Delete
NAME CRANEY, ALLEN
STREET ADDRESS 477 COMMERCE BLVD
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE P,S ☐ Change ☒ Addition
NAME Jerry Bertsch
STREET ADDRESS 477 Commerce Blvd
CITY-ST-ZIP Oldsmar, FL 34677

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRS

3/24/06

Date

813-925-0195

Daytime Phone #