

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000168577

FILED
Apr 27, 2005
Secretary of State

Entity Name: COUNTRY WIDE PROFESSIONAL SERVICES, INC.

Current Principal Place of Business:

1980 MAYFORD LAKE RD. N.W.
LAKEPORT, FL 33471

New Principal Place of Business:

3375 EAST COUNTY ROAD 720.
MOORE HAVEN, FL 33471

Current Mailing Address:

1980 MAYFORD LAKE RD. N.W.
LAKEPORT, FL 33471

New Mailing Address:

P.O. BOX 70.
MOORE HAVEN, FL 33471

FEI Number: 25-1907862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RIDER, JAMES E
1980 MAYFORD LAKE RD. N.W.
LAKEPORT, FL 33471 US

Name and Address of New Registered Agent:

WILSON, ROBERT A
3375 EAST COUNTY ROAD 720
MOORE HAVEN, FL 33471 US

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.

SIGNATURE: ROBERT A. WILSON

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RIDER, JAMES E
Address: 1980 MAYFORD LAKE RD. N.W.
City-St-Zip: LAKEPORT, FL 33471

Title: V () Delete
Name: MURRHEE, ROBERT E
Address: 1980 MAYFORD LAKE RD. N.W.
City-St-Zip: LAKEPORT, FL 33471

Title: S () Delete
Name: GREENE, ROBERT
Address: 1980 MAYFORD LAKE RD. N.W.
City-St-Zip: LAKEPORT, FL 33471

Title: T (X) Delete
Name: WILSON, ROBERT A
Address: 1980 MAYFORD LAKE RD. N.W.
City-St-Zip: LAKEPORT, FL 33471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILSON, ROBERT A
Address: 3375 EAST COUNTY ROAD 720
City-St-Zip: MOORE HAVEN, FL 33471

Title: V (X) Change () Addition
Name: MURRHEE, ROBERT E
Address: 3375 EAST COUNTY ROAD 720
City-St-Zip: MOORE HAVEN, FL 33471

Title: S/T (X) Change () Addition
Name: GREENE, ROBERT
Address: 3375 EAST COUNTY ROAD 720
City-St-Zip: MOORE HAVEN, FL 33471

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. WILSON

P

04/27/2005

Electronic Signature of Signing Officer or Director

Date