


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000054682			
1. Entity Name COUNTRYLAND REALTY, INC.			
Principal Place of Business 5362 SHINGLE CREEK DR ORLANDO, FL 32821		Mailing Address 5362 SHINGLE CREEK DR ORLANDO, FL 32821	
2. Principal Place of Business 2431 Hwy 71 S		3. Mailing Address P.O. Box 486	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MARIANNA FL		City & State MARIANNA FL	
Zip 32448		Country USA	
Country Jackson		Country USA	
4. FEI Number 16-1722285		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHINDELE, LINDA M 2431 HWY 71 S MARIANNA, FL 32447		7. Name and Address of New Registered Agent Name Howard Odom Street Address (P.O. Box Number is Not Acceptable) 4988 Flynt Dr City MARIANNA FL Zip Code 32447	
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 Howard Odom DATE 2-3-06 <small>Signature, typed or printed name of registered agent and true if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHINDELE, LINDA M 5362 SHINGLE CREEK DR ORLANDO, FL 32821 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Howard Odom 4988 Flynt Dr. MARIANNA FL 32447 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT Michael DWAN TRICKEY 16783 Jim Godwin Rd. Altha, FL 32421 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	02/10/06--01018--001 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000065564430 02/10/06--01018--001 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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: Howard Odom		Date 2-3-06 Daytime Phone # 850-526-3063	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts

FEB 03 2006



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