

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000022221

FILED
Apr 24, 2007
Secretary of State

Entity Name: COUNTRYSIDE MONTESSORI ACADEMY, INC.

Current Principal Place of Business:

16720 TOBACCO ROAD
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

16720 TOBACCO ROAD
LUTZ, FL 33558

New Mailing Address:

5852 EHREN CUT-OFF
LAND O' LAKES, FL 34639

FEI Number: 65-0406867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERS, MARY L
16720 TOBACCO ROAD
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

RIVERS, MARY L
5852 EHREN CUT-OFF
LAND O' LAKES, FL 34639 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:

04/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RIVERS, MARY L
Address: 914 LAKE BROOKER COURT
City-St-Zip: LUTZ, FL 33548

Title: V () Delete
Name: MANTEI, KAREN
Address: 15721 GARDENSIDE LANE
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 Chapter 119, 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: MARY LYONS RIVERS

P

04/24/2007

Electronic Signature of Signing Officer or Director

Date