

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90013 008 ***150.00

DOCUMENT # P93000072933					
1. Entity Name COUNTRYSIDE REALTY, INC.					
Principal Place of Business 7651 S.W. HWY. 200 OCALA, FL 34476			Mailing Address P.O. BOX 770172 OCALA, FL 34477		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3208405	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FARLESS, WILLIAM L 5460 NW 78TH CT OCALA, FL 34482			7. Name and Address of New Registered Agent Name: <u>Malcolm T. Hay</u> Street Address (P.O. Box Number is Not Acceptable): <u>4120 SW. 22 ST.</u> City: <u>OCALA</u> FL Zip Code: <u>34474</u>		
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: <u>Malcolm T. Hay</u>			DATE: <u>4-12-04</u>		
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$650.00		9. Election Campaign Financing ☐ \$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	DPT FARLESS, WILLIAM L. 7086 SW 97 PL OCALA, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director, VP, +T. Malcolm T. Hay 4120 SW 22 ST. OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <u>Malcolm T. Hay</u>			DATE: <u>4/8/04</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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