


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

2/3

FILED
Mar 11, 2005 8:00 am
Secretary of State

02-03-2005 90040 041 ***150.00

DOCUMENT # P96000067049 1. Entity Name COUNTRYSIDE ENGINEERING, INC.	
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Principal Place of Business
**26224 LAKE LINDSEY RD.
BROOKSVILLE, FL 34601**

Mailing Address
**26224 LAKE LINDSEY RD.
BROOKSVILLE, FL 34601**

66004245



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3399665	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**OLSEN, RICHARD S
26224 LAKE LINDSEY RD.
BROOKSVILLE, FL 34601**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	OLSEN, RICHARD S
STREET ADDRESS	26224 LAKE LINDSEY RD.
CITY - ST - ZIP	BROOKSVILLE, FL 34601

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Richard S. Olsen **RICHARD S. OLSEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/05 352-544-5627

Date Daytime Phone #