

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90006 020 ***150.00

DOCUMENT # P97000091536					
1. Entity Name COUNTRYSIDE INSTITUTE OF SELF DEFENSE, INC.					
Principal Place of Business 1530 MCMULLEN BOOTH ROAD SUITE D 6 & 7 CLEARWATER, FL 33759 US			Mailing Address 1530 MCMULLEN BOOTH SUITE D 6 & 7 CLEARWATER, FL 33759 US		
2. Principal Place of Business 1550 McMullen Booth Rd Suite, Apt. #, etc. F-5		3. Mailing Address 1550 McMullen Booth Rd Suite, Apt. #, etc. F-5			
City & State Clearwater, FL		City & State Clearwater, FL		4. FEI Number 59-3482723	
Zip 33759		Country Pinellas		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARRIGA, SERGIO G MR 1530 MCMULLEN BOOTH ROAD SUITE D 6 & 7 CLEARWATER, FL 33759			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1550 McMullen Booth Road Suite F-5 City Clearwater, FL Zip Code 33759		
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: (NOTE: Registered Agent signature required when rehashing) DATE: 8/3/04					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Delete BARRIGA, SERGIO G 1530 MCMULLEN BOOTH ROAD D 6 & 7 CLEARWATER, FL 33759		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1550 McMullen Booth Rd #F-5 Clearwater, FL 33759	
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	
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	
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 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 the empowered.					
SIGNATURE: DATE: 8/3/04 Daytime Phone #					

Attachment
Doc # 097000091536
54067581
JACOBS ACCOUNTING & COMPUTERS, INC.
2121 MAIN STREET
DUNEDIN, FL. 34698
727-210-2552

AUGUST 2, 2004

UNIFORM BUSINESS REPORT

**PLEASE ACCEPT THE ENCLOSED UBR FILINGS AS TIMELY.
MY CLIENT, COUNTRYSIDE INSTITUTE OF SELF DEFENSE,
INC., DID NOT RECEIVE THE ORIGINAL UBR NOTICE. WE
ARE REQUESTING THAT YOU WAVE THE PENALTY FOR
LATE FILING.**

THANK YOU FOR YOUR HELP IN THIS MATTER.

RESPECTFULLY SUBMITTED,



**HAL JACOBS
PRESIDENT**
