


# ANNUAL REPORT (AR)

<b>DOCUMENT # F96000004471</b> 1. Entity Name <b>MEADOWBROOK HORSE TRANSPORTATION, INC.</b>	
---	---

**FILED**  
**Feb 07, 2006 08:00 AM**  
**Secretary of State**



Principal Place of Business PO BOX 480296 DELRAY BEACH FL 33448	Mailing Address PO BOX 480296 DELRAY BEACH FL 33448
---	---

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	4. FEI Number <b>11-2778044</b> Applied For <input type="checkbox"/> Not Applicable
--	--	--

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent  <b>AUSTIN, RICHARD B</b> <b>8390 NW 53RD STREET</b> <b>SUITE 300</b> <b>MIAMI FL 33166</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
--	---

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PCD <input type="checkbox"/> Delete TUFANO, RALPH F 2501 SOUTH EAST 4TH STREET POMPAÑO BEACH FL 33062
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	<input type="checkbox"/> Delete
CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	<input type="checkbox"/> Delete
CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	<input type="checkbox"/> Delete
CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	<input type="checkbox"/> Delete
CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

U00000424325  
02/18/06-80045-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:**  **RAIPH TUFANO** **800-432-8189**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #