

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000210

FILED  
Mar 29, 2009  
Secretary of State

Entity Name: PAINTED STAR EQUINE RESCUE INC.

## Current Principal Place of Business:

289 SW HAWK LN  
FORT WHITE, FL 32038 US

## New Principal Place of Business:

## Current Mailing Address:

289 SW HAWK LN  
FORT WHITE, FL 32038 US

## New Mailing Address:

FEI Number: 71-1020725

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROWN, JENNIFER S  
289 SW HAWK LN  
FORT WHITE, FL 32038 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BROWN, JENNIFER S  
Address: 289 SW HAWK LN  
City-St-Zip: FORT WHITE, FL 32038

Title: VP ( ) Delete  
Name: VEIT, HENRY H IV  
Address: 2625 SR 590 BOX # 224  
City-St-Zip: CLEARWATER, FL 33759

Title: S ( ) Delete  
Name: VEIT, JUDITH A  
Address: 2625 SR 590 BOX # 224  
City-St-Zip: CLEARWATER, FL 33759

Title: T ( ) Delete  
Name: BROWN, JENNIFER S  
Address: 289 SW HAWK LN  
City-St-Zip: FORT WHITE, FL 32038

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER S BROWN

P

03/29/2009

Electronic Signature of Signing Officer or Director

Date