2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000006568

1. Entity Name
ROCKINGHORSE FUND, INC.

Principal Place of Business	Mailing Address
6300 ROCKINGHORSE ROAD JUPITER, FL 33458	6300 ROCKINGHORSE ROAD JUPITER, FL 33458

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01252004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0708442
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GATTOZZI, KAREN BROWN
2859 IRMA LAKE DRIVE
WEST PALM BEACH, FL 33411

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GATTOZZI, JOHN ANTHONY JR
STREET ADDRESS	2859 IRMA LAKE DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	DV
NAME	LOGAN, CHARLES P
STREET ADDRESS	17421 ALEXANDER RUN
CITY-ST-ZIP	JUPITER, FL 33478
TITLE	DS
NAME	HOLMES, BEVERLY
STREET ADDRESS	1469 SW ALBATROSS WAY
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	D
NAME	HECHT, RALPH
STREET ADDRESS	130 BOW SPIRIT
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/29/04-80101-005 61.25

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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 617, 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: John A. Gattozzi JOHN A. GATTOZZI 1/27/04 561-712-8113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #