

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000012478**  
 1. Entity Name  
**EQUINE ENTERPRISES OF PALM BEACH, INC.**



Principal Place of Business  
**2017 APPALOOSA TRAIL  
 WELLINGTON, FL 33414**

Mailing Address  
**2017 APPALOOSA TRAIL  
 WELLINGTON, FL 33414**



01072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1077574**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**VACCARO, PATRICIA  
 2017 APPALOOSA TRAIL  
 WELLINGTON, FL 33414**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signatures, typed or printed names of registered agent and fee if applicable. NOTE: Registered Agent signature required when re-registering.

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$500.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD VACCARO, PATRICIA V 2017 APPALOSA TRAIL WELLINGTON, FL 33414</b>
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 01/12/05-80027-011 150.00

**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-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 fee empowered

SIGNATURE: *Patricia Vaccaro* 1/10/05 5017929629  
Signatures and typed or printed names of issuing officer on signature Date Chapter 607