

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000130917

FILED  
Mar 02, 2009  
Secretary of State

Entity Name: SECRETARIAT STABLES, INC.

## Current Principal Place of Business:

214 HICKMAN DRIVE  
#100  
SANFORD, FL 32771

## New Principal Place of Business:

2525 OLD LAKE MARY ROAD  
SANFORD, FL 32773

## Current Mailing Address:

PO BOX 1885  
SANFORD, FL 32772 18

## New Mailing Address:

PO BOX 1885  
SANFORD, FL 32772 US

FEI Number: 59-3762790

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHOEMAKER, ALAN D  
128 WOOD RIDGE TR  
SANFORD, FL 32771 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: RUBINO, NICHOLAS J  
Address: 159 LOOKOUT PLACE, #101  
City-St-Zip: MAITLAND, FL 32751

Title: PRES ( ) Delete  
Name: SHOEMAKER, ALAN D  
Address: 128 WOOD RIDGE TR  
City-St-Zip: SANFORD, FL 32771 US

Title: VP ( ) Delete  
Name: SHOEMAKER, ALAN D  
Address: 128 WOOD RIDGE TR  
City-St-Zip: SANFORD, FL 32771 US

Title: SEC ( ) Delete  
Name: SHOEMAKER, ALAN D  
Address: 128 WOOD RIDGE TR  
City-St-Zip: SANFORD, FL 32771 US

Title: TRES ( ) Delete  
Name: SHOEMAKER, ALAN D  
Address: 128 WOOD RIDGE TR  
City-St-Zip: SANFORD, FL 32771 US

## 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:

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

SIGNATURE: ALAN DEAN SHOEMAKER

PRES

03/02/2009

Electronic Signature of Signing Officer or Director

Date