

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90027 045 ***150.00

DOCUMENT # P03000037244

1. Entity Name

EQUINE SUPPLY DEPOT, INC.



Principal Place of Business

5540 W HWY 329
REDDICK FL 32686

Mailing Address

5540 W HWY 329
REDDICK FL 32686

2. Principal Place of Business

12402 NW Gainesville Rd

3. Mailing Address

P.O. Box 119

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

REDDICK FL 32686

City & State

Lowell FL

4. FEI Number

55-0827792

Applied For

Not Applicable

Zip

32686

Country

Marion

Zip

32683

Country

Marion

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

HICKS, DANIEL
421 S PINE AVE
OCALA FL 34474

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME BALDWIN, MORRIS
STREET ADDRESS 5540 W HWY 329
CITY-ST-ZIP REDDICK FL 32686

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME MIDDLETON, RONNIE
STREET ADDRESS 5540 W HWY 329
CITY-ST-ZIP REDDICK FL 32686

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME BALDWIN, CARLA
STREET ADDRESS 5540 W HWY 329
CITY-ST-ZIP REDDICK FL 32686

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME MIDDLETON, DONNA
STREET ADDRESS 5540 W HWY 329
CITY-ST-ZIP REDDICK FL 32686

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Carla Baldwin Secretary

3-22-04

352-591-2101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #