
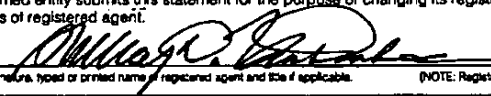



FILED
Apr 19, 2005 8:00 am
Secretary of State

03-03-2005 90175 022 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000121821 1. Entity Name SUNRISE FARMS SPORT HORSES, INC.		
Principal Place of Business 27712 NW 46TH ST. NEWBERRY, FL 32669		Mailing Address 27712 NW 46TH ST. NEWBERRY, FL 32669
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip Country		Zip Country
5. Name and Address of Current Registered Agent WEESE, MELANIE M 555 COLORADO AVE., STE. 2 STUART, FL 34994		7. Name and Address of New Registered Agent Name Shelley D. Koennicke Street Address (P.O. Box Number is Not Acceptable) 27712 NW 46th Ave City Newberry State FL Zip 32669
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: 2/25/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD <input type="checkbox"/> Delete NAME KOENNICKE, SHELLEY D STREET ADDRESS 27712 NW 46TH ST. CITY-ST-ZIP NEWBERRY, FL 32669	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD <input type="checkbox"/> Delete NAME DEN NESTE, KAREL V STREET ADDRESS 27712 NW 46TH ST. CITY-ST-ZIP NEWBERRY, FL 32669	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 2-25-05 Daytime Phone: 561-597-2173 X217

66011122



02252005 Chg-P CR2E034 (10/03)

4. FEI Number **APPLIED FOR 61-1464901** Applied For Not Applicable

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