

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000087105

FILED  
Jan 07, 2011  
Secretary of State

Entity Name: ANDREW BOURNS SPORT HORSES INC

**Current Principal Place of Business:**

11770 ST ANDREW'S PLACE  
#308  
WELLINGTON, FL 33414 US

**New Principal Place of Business:**

**Current Mailing Address:**

11770 ST ANDREW'S PLACE  
#308  
WELLINGTON, FL 33414 US

**New Mailing Address:**

FEI Number: 27-3741360

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOURNS, ANDREW T  
11770 ST ANDREW'S PLACE  
#308  
WELLINGTON, FL 33414 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: BOURNS, ANDREW T  
Address: 11770 ST ANDREW'S PLACE #308  
City-St-Zip: WELLINGTON, FL 33414 US

Title: TREA  
Name: BOURNS, ANDREW T  
Address: 11770 ST ANDREW'S PLACE #308  
City-St-Zip: WELLINGTON, FL 33414 US

Title: SEC  
Name: BOURNS, ANDREW T  
Address: 11770 ST ANDREW'S PLACE #308  
City-St-Zip: WELLINGTON, FL 33414 US

Title: DIR  
Name: BOURNS, ANDREW T  
Address: 11770 ST ANDREW'S PLACE #308  
City-St-Zip: WELLINGTON, FL 33414 US

I hereby 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 all other like empowered.

SIGNATURE: ANDREW BOURNS

PRES

01/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date