2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000068267

1. *Entity Name*
WINDEMERE EQUESTRIAN CENTER, INC.

FILED
Apr 30, 2005 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
6900 MORSE AVE. JACKSONVILLE, FL 32244	4684 PINEGATE ROAD ORANGE PARK, FL 32073

04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3265933
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAPP, TERESA
4684 PINEGATE ROAD
ORANGE PARK, FL 32073

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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: Teresa Rapp
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RAPP, TERESA
STREET ADDRESS	4684 PINEGATE RD
CITY-ST-ZIP	ORANGE PARK, FL
TITLE	VP
NAME	GASLIARDO, TERESA
STREET ADDRESS	6900 MORSE AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

[illegible]
04/30/05-80023-001 150.00

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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: Teresa Rapp 4-27-05 904-264-6
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #