

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000068267

FILED
Feb 05, 2007
Secretary of State

Entity Name: WINDEMERE EQUESTRIAN CENTER, INC.

Current Principal Place of Business:

6900 MORSE AVE.
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

4684 PINEGATE ROAD
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 59-3265933

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAPP, TERESA
4684 PINEGATE ROAD
ORANGE PARK, FL 32073 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: P () Delete
Name: RAPP, TERESA
Address: 4684 PINEGATE RD
City-St-Zip: ORANGE PARK, FL

Title: VP () Delete
Name: GAGLIARDO, TERESA
Address: 6900 MORSE AVE
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: TERESA RAPP

PRES

02/05/2007

Electronic Signature of Signing Officer or Director

Date