

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000026802

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** SOUTHWIND STABLES, INC.

**Current Principal Place of Business:**

4405 REAVES ROAD  
KISSIMMEE, FL 34746 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 470209  
CELEBRATION, FL 34747 US

**New Mailing Address:**

**FEI Number:** 59-3305906

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, HANNAH L  
4405 REAVES RD.  
KISSIMMEE, FL 34746 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:** PSTD  
**Name:** SMITH, HANNAH L  
**Address:** 4405 REAVES ROAD  
**City-St-Zip:** KISSIMMEE, FL 34746

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:** SOUTHWIND STABLES, INC.

PSTD

04/26/2012

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

\_\_\_\_\_  
Date