


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State


04-18-2005 90262 050 ***150.00

DOCUMENT # P96000079679
 1. Entity Name
 FLORIDA EQUINE PUBLICATIONS, INC.



Principal Place of Business: 801 SW 60TH AVE, OCALA, FL 34474-1827
 Mailing Address: 801 SW 60TH AVE, OCALA, FL 34474-9516

2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country


 01262005 Chg-P CR2E034 (10/03)
 4. FEI Number: 59-3406060 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HANCOCK, RICHARD E
 801 SW 60TH AVE
 OCALA, FL 34474-9516

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	TD	<input checked="" type="checkbox"/> Delete
NAME	EISAMAN, BARRY W	
STREET ADDRESS	15749 WEST HIGHWAY 316	
CITY-ST-ZIP	WILLISTON, FL 32696	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	DIXNEY, DONALD R	
STREET ADDRESS	603 MAIN STREET	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE	SEC	<input checked="" type="checkbox"/> Delete
NAME	DIMARE, SHEILA	
STREET ADDRESS	2205 NW 110TH AVE	
CITY-ST-ZIP	OCALA, FL 34482	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, LEVERETT S	
STREET ADDRESS	T-SQUARE FARM P.O. BOX 900	
CITY-ST-ZIP	FAIRFIELD, FL 32634	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	O'FARRELL, J MICHAEL	
STREET ADDRESS	OCALA STUD FARM POBOX 818	
CITY-ST-ZIP	OCALA, FL 34478	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMAN E. CASSE	
STREET ADDRESS	PO BOX 729	
CITY-ST-ZIP	SPARR, FL 32192	
TITLE	VP1D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT G. CAMPBELL	
STREET ADDRESS	PO BOX 381	
CITY-ST-ZIP	TYNGSBORO, MA 01879	
TITLE	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK ROBERTS	
STREET ADDRESS	14216 NORTH US HIGHWAY 27	
CITY-ST-ZIP	OCALA, FL 34482	
TITLE	VP2D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEAN J. DeRENZO	
STREET ADDRESS	6500 NW HIGHWAY 225A	
CITY-ST-ZIP	OCALA, FL 34482	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALD R. DIZNEY	
STREET ADDRESS	PO BOX 1100	
CITY-ST-ZIP	WINDERMERE, FL 34786-1100	
TITLE	EX D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD E. HANCOCK	
STREET ADDRESS	801 SW 60TH AVENUE	
CITY-ST-ZIP	OCALA, FL 34474	

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: *Richard E. Hancock* February 22, 2005 352/629-2160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #