

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000079679

FILED
Jan 04, 2007
Secretary of State

Entity Name: FLORIDA EQUINE PUBLICATIONS, INC.

Current Principal Place of Business:

801 SW 60TH AVE
OCALA, FL 344741827

New Principal Place of Business:

Current Mailing Address:

801 SW 60TH AVE
OCALA, FL 344749516

New Mailing Address:

FEI Number: 59-3406060 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANCOCK, RICHARD E
801 SW 60TH AVE
OCALA, FL 344749516 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: TD () Delete
Name: CASSE, NORMAN E
Address: PO BOX 729
City-St-Zip: SPARR, FL 32192

Title: VD () Delete
Name: CAMPBELL, GILBERT G
Address: PO BOX 381
City-St-Zip: TYNGSBORO, MA 01879

Title: S () Delete
Name: ROBERTS, MARK
Address: 14216 NORTH US HIGHWAY 27
City-St-Zip: OCALA, FL 34482

Title: VD () Delete
Name: DERENZO, DEAN J
Address: 6500 NW HIGHWAY 225A
City-St-Zip: OCALA, FL 34482

Title: PD () Delete
Name: DIZNEY, DONALD R
Address: PO BOX 1100
City-St-Zip: WINDERMERE, FL 347861100

Title: D () Delete
Name: HANCOCK, RICHARD E
Address: 801 SW 60TH AVENUE
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: DIMARE, SHELIA
Address: 2205 NW 110TH AVENUE
City-St-Zip: OCALA, FL 34482

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RICHARD E. HANCOCK

D

01/04/2007

Electronic Signature of Signing Officer or Director

_____ Date