

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000079679

FILED
Apr 26, 2012
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:

801 SW 60TH AVE
OCALA, FL 344741827

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:

POWELL, LONNY T
801 SW 60TH AVE
OCALA, FL 344749516 US

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: LONNY T POWELL

04/26/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD
Name: HEATH, BONNIE M III
Address: 7145 NW 125TH STREET ROAD
City-St-Zip: REDDICK, FL 32686

Title: VD
Name: FERNUNG, BRENT
Address: 5571 NW 100TH STREET
City-St-Zip: OCALA, FL 34482

Title: PD
Name: MATTHEWS, PHIL DVM
Address: 9420 S MAGNOLIA AVENUE
City-St-Zip: OCALA, FL 34476

Title: VD
Name: VANLANGENDONCK, FRANCIS
Address: 9180 NW 160TH AVENUE
City-St-Zip: MORRISTON, FL 32668

Title: SD
Name: DIMARE, SHEILA
Address: 2205 NW 110TH AVENUE
City-St-Zip: OCALA, FL 34482

Title: EVP
Name: POWELL, LONNY T
Address: 801 SW 60TH AVENUE
City-St-Zip: OCALA, FL 34474

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: CAROLINE T DAVIS

CFO

04/26/2012

Electronic Signature of Signing Officer or Director

Date