## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000098318

Entity Name: BLACKHORSE PROPERTY MANAGEMENT, INC.

FILED Apr 28, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:	
ACCA D NO IZILLANI DD CUITE A	4004 N. 1411 LIANI DDN (5	

1391-B NO KILLIAN DR SUITE 1 1391 N. KILLIAN DRIVE LAKE PARK, FL 33403 SUITE # B-1

LAKE PARK, FL 33403

**Current Mailing Address: New Mailing Address:** 

1391 N. KILLIAN DRIVE 1391-B NO KILLIAN DR SUITE 1 LAKE PARK, FL 33403 SUITE # B-1 LAKE PARK, FL 33403

FEI Number: 04-3714431 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ROSE, VICKI A ROSE, VICKI A 12966 HAMPTON LAKES CIRCLE 1391 N. KILLIAN DRIVE BOYNTON BEACH, FL 33436 SUITE # B-1 LAKE PARK, FL 334303 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: 04/28/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

4935 LAME PANTHER LANE

LOXAHATCHEE, FL 33470

## **OFFICERS AND DIRECTORS:**

Address: City-St-Zip: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

ROSE, VICKI A ROSE, VICKI A Name: Name: 12966 HAMPTON LAKES CIRCLE 1391 N. KILLIAN DRIVE, SUITE # B-1 Address: Address:

City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: LAKE PARK, FL 33403

Title: VΡ Title: VΡ () Delete (X) Change ( ) Addition

Name: POTTS, GARY E Name: POTTS, GARY E

3951 N HAVERHILL RD 1391 N. KILLIAN DRIVE, SUITE # B-1 Address: Address:

WEST PALM BEACH, FL 33417 LAKE PARK, FL 33403 City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition HALL, PENNY Name:

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 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 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.

Ρ SIGNATURE: VICKI ANN ROSE 04/28/2005