## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # V56872  1. Entity Name FEDERAL POLO STABLES, INC.	- "			Secretar	y of State
1201 TALLEVAST RD SARASOTA, FL 34243 US	failing Address STANLEY RIGGS 1201 TALLEVAST RD SARASOTA, FL 34243	3 t <sup>†</sup> 52 yegy			
DO NOT WRITE II	N THIS SPA	CE	{	Chg-P CR	2E034 (11/05)  Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Regis	stered Agent				
RIGGS, STANLEY A JR. 1201 TALLEVAST RD SARASOTA, FL 34230- 34243	DO NOT WRITE IN THIS SPACE				
8. The above named entity submits this statement for the the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title.		ed Öffice or registe	·	· ·	am tamillar with, and accep
FILE NOW!!! FEE 1\$ \$150.00 After May 1, 2006 Fee will be \$550.00	Election Campaign Final     Trust Fund Contribution.		.00 May Be led to Fees		
10. OFFICERS AND DIRE	CTORS				As Called French
TITLE P  MAME RIGGS, STANLEY A JR  STREET ADDRESS 1201 TALLEVAST RD  CITY-ST-ZIP SARASOTA, FL 34243					
NAME STREET ADDRESS CITY-ST-ZIP TITLE	<del> </del>		01/	U000003816 11/06-8006	43 3-003 150.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	: %		DO NOT WRITE IN THIS SPACE		
TITLE	er 👫 er				

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath, that I am an officer or director of the comporation 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: \_

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ATURE AND TYPED OR FRATED NAME OF SIGNING OFFICER OF DIRECTOR

1-9-06

941-355-1160 Devime Phone #