

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # 328086

1. Entity Name
EQUINE INFORMATION, IN.



Principal Place of Business
4201 SE HWY. 42
SUMMERFIELD, FL 34491 US

Mailing Address
4201 SE HWY. 42
SUMMERFIELD, FL 34491 US



01282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
39-2235960

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANE, ROBERTA W.
4201 SE HWY 42
SUMMERFIELD, FL 34491

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating).

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LANE, ROBERTA W
STREET ADDRESS 4201 SE HWY 42
CITY-ST-ZIP SUMMERFIELD, FL 34491

TITLE D
NAME SCHMALTZ, PATRICIA
STREET ADDRESS 4201 S.E. HWY 42
CITY-ST-ZIP SUMMERFIELD, FL 34491

TITLE D
NAME MAYE, MARGARET
STREET ADDRESS 4201 SE HWY 42
CITY-ST-ZIP SUMMERFIELD, FL 34491

TITLE D
NAME LANE, THOMAS J.
STREET ADDRESS 4201 SE HWY 42
CITY-ST-ZIP SUMMERFIELD, FL 34491

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000804666
02/05/08-80078-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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:

Roberta W. Lane

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-08 352-245-2615

Date

Daytime Phone #