


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90054 002 ***150.00

DOCUMENT # 538553	
1. Entity Name WOOD BRIDGE HORSE FARMS, INC.	

Principal Place of Business 7211 MUSHINSKI ROAD TAMPA, FL 33625	Mailing Address 7211 MUSHINSKI ROAD TAMPA, FL 33625
---	---

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
03222007	Chg-P CR2E034 (12/06)
4. FEI Number 59-1754315	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
THOMAS, GAIL A. WOOD BRIDGE HORSE FARM, INC. 7211 MUSHINSKI RD. TAMPA, FL 33625	

7. Name and Address of New Registered Agent	
Name	Gail T. PRIDGEN
Street Address (P.O. Box Number is Not Acceptable)	WOOD BRIDGE HORSE FARM INC
	7211 Mushinski Rd
City	Tampa FL Zip Code 33625

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	Gail Thomas Pridgen (Name Change) 4-12-07
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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M THOMAS, GAIL A 7211 MUSHINSKI RD TAMPA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M, P GAIL THOMAS PRIDGEN (Name) 7211 Mushinski Rd Tampa <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRIDGEN, DWIGHT 8437 N NEBRASKA AVE TAMPA, FL 33604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRIDGEN, DWIGHT (Address) 7211 Mushinski Rd Tampa FL 33625 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:	Gail Thomas Pridgen 4-12-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	