

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 648661

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** SLEEPY HOLLOW ARABIANS, INC.

**Current Principal Place of Business:**

23324 HWY 561  
ASTATULA, FL 34705

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 193  
ASTATULA, FL 34705

**New Mailing Address:**

**FEI Number:** 59-1957025

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMPSON, CECIL D  
23324 CR 561  
ASTATULA, FL 34705 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD ( ) Delete  
**Name:** THOMPSON, CECIL  
**Address:** 23324 CR 561 PO BOX 193  
**City-St-Zip:** ASTATULA, FL 34705

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

**SIGNATURE:** CECIL THOMPSON

PD

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date