2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State
04-11-2006 90119 027 ***150.00

DOCUMENT # 695998

1. Entity Name
TOM SCOTT QUARTER HORSES, INC.

Principal Place of Business	Mailing Address
10424 NORTH C-475 WILDWOOD, FL 34785 US	P.O. BOX 234 HERNANDO, FL 34442 US

03292006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
P.O. Box 1208	P.O Box 1208
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hernando FL	City & State: Hernando FL
Zip: 34442 Country: Citrus	Zip: 34442 Country: Citrus

4. FEI Number: 59-1854962 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCOTT, THOMAS R 10424 NORTH C-475 WILDWOOD, FL 34785	Name: Thomas R. Scott Street Address (P.O. Box Number is Not Acceptable): 10340 N. ATHENIA DRIVE City: CITRUS SPRINGS FL Zip Code: 34434

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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PDV ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	SCOTT, THOMAS R	NAME	
STREET ADDRESS	10424 NORTH C-475	STREET ADDRESS	10340 N. Athenia DR.
CITY-ST-ZIP	WILDWOOD, FL 34785	CITY-ST-ZIP	Citrus Springs, FL 34434
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] 4-1-06 3522289145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #