


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # 735228

1. Entity Name
FLORIDA STATE FAIR HORSE SHOW ASSOCIATION, INC.



Principal Place of Business 4800 U.S. HIGHWAY 301 N. P.O. BOX 11766 TAMPA, FL 33680	Mailing Address 4800 U.S. HIGHWAY 301 N. P.O. BOX 11766 TAMPA, FL 33680
---	---



04252006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1652704	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MOTT, OLIN
 3741 E. HILLSBOROUGH AVENUE
 TAMPA, FL 33614**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

1100000540867
 05/10/06-80035-008 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THAYER, STELLA F 512 FLA AVE TAMPA, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOTT, OLIN 3741 E. HILLSBOROUGH AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARGARET MELOY P.O. BOX 37 LUTZ, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SNOW, MARTIN E 6830 CREWS LK RD LAKELAND, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MISCHE, GENE 9210 KING PALM DR #112 TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, ROBERT 40 RANCH RD. THONOTOSASSA, FL

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Olin Mott* **4-27-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #