2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752495

City-St-Zip:

Apr 21, 2004 Secretary of State

Entity Name: FLORIDA STATE FARRIERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 39905 RICHLAND ROAD ZEPHYRHILLS, FL 33540 US **Current Mailing Address: New Mailing Address:** 39905 RICHLAND ROAD ZEPHYRHILLS, FL 33540 US **FEI Number:** FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STIMPSON, KIRK W 39905 RICHLAND ROAD ZEPHYRHILLS, FL 33540 US 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition STIMPSON, KIRK W STIMPSON, KIRK W Name: Name: Address: 39905 RICHLAND ROAD Address: 39905 RICHLAND ROAD City-St-Zip: ZEPHYRHILLS, FL 33540 US City-St-Zip: ZEPHYRHILLS, FL 33540 US Title: VD () Delete Title: () Change () Addition Name: BURNETT, BRYCE Name: Address: 9406 N HAMMOCK ROAD Address: City-St-Zip: ZOLFO SPRINGS, FL 33890 City-St-Zip: Title: () Delete Title: PD (X) Change () Addition QUAM, CLINT Name: QUAM, CLINT Name: Address: 2525 GRANADA AVE Address: 2525 GRANADA AVE City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: VERO BEACH, FL 32960 Title: SD () Delete Title: () Change () Addition Name: PHILLIPS, LLOYD C III Name: Address: 15860 96TH STREET NORTH Address: JUPITER, FL 33478

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: KIRK W STIMPSON TD 04/21/2004