

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90022 015 ***158.75

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1. Entity Name
PARELLI NATURAL HORSE-MAN-SHIP, INC.



Principal Place of Business
**56 TALISMAN DR., STE. 6
PAGOSA SPRINGS, CO 81147**

Mailing Address
**P.O. BOX 3729
PAGOSA SPRINGS, CO 81147**

54023186



02192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
68-0254082

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CARRERAS, RAUL JR, ESQ
101 S.W. THIRD ST.
OCALA, FL 34474**

**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 _____

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME PARELLI, JACK PAT
STREET ADDRESS 56 TALISMAN DR., STE. 6
CITY-ST-ZIP PAGOSA SPRINGS, CO 81147

TITLE D
NAME PARELLI, LINDA
STREET ADDRESS 56 TALISMAN DR., STE. 6
CITY-ST-ZIP PAGOSA SPRINGS, CO 81147

TITLE P
NAME WEILER, MARK
STREET ADDRESS 56 TALISMAN DR., STE. 6
CITY-ST-ZIP PAGOSA SPRINGS, CO 81147

TITLE ST
NAME MINGUS, MARY
STREET ADDRESS 56 TALISMAN DR., STE. 6
CITY-ST-ZIP PAGOSA SPRINGS, CO 81147

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK WEILER

2/19/04

Date

**970
731-9400**

Daytime Phone #