


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2004 MAY 25 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000002586
1. Entity Name
BEVAL SADDLERY LTD INCORPORATED



Principal Place of Business
**PO BOX 612 PARK AVE
GLADSTONE, NJ 07934**

Mailing Address
**PO BOX 612 PARK AVE
GLADSTONE, NJ 07934**

DO NOT WRITE IN THIS SPACE



03122003 No Chg-P CR2E034 (10/03)

4. FEI Number
22-1821132

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WALTER, MARK
14440 PEARSON RD
WELLINGTON, FL 33414**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	WALTER, MARK
STREET ADDRESS	17 SUGARBUSH CT
CITY-ST-ZIP	WILTON, CT 06897
TITLE	VCCP
NAME	SPINKS, THOMAS
STREET ADDRESS	PO BOX 38
CITY-ST-ZIP	POTTERSVILLE, NJ 07979
TITLE	DST
NAME	WALTER, LOIS
STREET ADDRESS	PO BOX 38
CITY-ST-ZIP	POTTERSVILLE, NJ 07979
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

500037338595
05/25/04--01047--011 **550.00

DO NOT WRITE IN THIS SPACE

Tom

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Thomas Spinks Date 5/18/04 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR