


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F03000002586**

1. Entity Name  
**BEVAL SADDLERY LTD INCORPORATED**



Principal Place of Business      Mailing Address

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

**DO NOT WRITE IN THIS SPACE**



03102005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**22-1821132**      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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE IN THIS SPACE**

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03/14/05-80062-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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      3/10/05 9082342828  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #