


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

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



01242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 _____

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution: **FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**

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	

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 02/05/08-80034-005-150.00

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 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 C. Spinks Date: 1/24/08 Daytime Phone #: 9082342825

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ref # 36156