2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005
Secretary of State

DOCUMENT# F94000003887

Entity Name: SALLEE HORSE VANS, INC.

Current Principal Place of Business:

P.O. BOX 13338
LEXINGTON, KY 405833338

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 13338
LEXINGTON, KY 405833338

New Mailing Address:

FEI Number: 61-0609506 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOSS, MARVIN I
4651 SHERIDAN ST.
SUITE 300
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MAXWELL, ARMINDA S
Address: 522 MCCUBBING DR.
City-St-Zip: LEXINGTON, KY 40503

Title: V ( ) Delete
Name: MAXWELL, ROBERT D
Address: 3193 BLENHEIM WAY
City-St-Zip: LEXINGTON, KY 40503

Title: S ( ) Delete
Name: PIERATT, PATRICIA M
Address: 815 CINDY BLAIR WAY
City-St-Zip: LEXINGTON, KY 40504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARMINDA S. MAXWELL MRS. 01/19/2005

Electronic Signature of Signing Officer or Director — Date