## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F94000003887

Entity Name: SALLEE HORSE VANS, INC.

FILED Jan 24, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
2053 BUCK LANE LEXINGTON, KY 40511			
Current Mailing Address:		New Mailing Address:	
P.O. BOX 13338 LEXINGTON, KY 40583	3338 US		
FEI Number: 61-0609506	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
MOSS, MARVIN I 4651 SHERIDAN ST. SUITE 300 HOLLYWOOD, FL 3302	1 US		
The above named entity	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

in the State of Florida.

SIGNATURE:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title: CFO ( ) Delete Title: (X) Change ( ) Addition BOZARTH, PERRY E PIERATT, NICOLE Name: Name: 2536 SUNGALE COURT Address: 4201 N. OCEAN DRIVE #507 Address: City-St-Zip: LEXINGTON, KY 40513 City-St-Zip: HOLLYWOOD, FL 33019 Title: () Delete Title: MRS (X) Change ( ) Addition PIERATT, NICOLE Name: Name: PIERATT, PATRICIA Address: Address: 3475 LYON DRIVE # 63 815 CINDY BLAIR WAY LEXINGTON, KY 40513 LEXINGTON, KY 40503 City-St-Zip: City-St-Zip:

Title: S (X) Delete Title: ( ) Change ( ) Addition Name: PIERATT, PATRICIA M Name:

 Name:
 PIERATT, PATRICIA M
 Name:

 Address:
 815 CINDY BLAIR WAY
 Address:

 City-St-Zip:
 LEXINGTON, KY 40504
 City-St-Zip:

Electronic Signature of Registered Agent

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: NICOLE PIERATT PRES 01/24/2008