

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90027 033 ***150.00

DOCUMENT # F95000004179

1. Entity Name

COMING HOME STABLES, INC.



Principal Place of Business

3725 S OCEAN DR
APT 902
HOLLYWOOD FL 33019-2910

Mailing Address

3725 S OCEAN DR
APT 902
HOLLYWOOD FL 33019-2910

J4061400



MOORE

CR2E034 (11/03)

2. Principal Place of Business

1912 S. OCEAN DR
Suite, Apt. #, etc.
1-3A

3. Mailing Address

1912 S. OCEAN DR
Suite, Apt. #, etc.
1-3A

City & State

HALLANDALE FL

City & State

HALLANDALE FL

Zip

33009

Country

U.S.

Zip

33009

Country

USA

4. FEI Number

04-2802911

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RITVO, KATHERINE
10848 NW 26TH ST
SUNRISE FL 33322

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DCPT ☐ Delete
NAME PETRO, MICHAEL
STREET ADDRESS 68 EVERGREEN AVE
CITY-ST-ZIP BRAINTREE MA

TITLE D ☐ Delete
NAME PETRO, MARY H
STREET ADDRESS 68 EVERGREEN AVE
CITY-ST-ZIP BRAINTREE MA

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

MARY H. PETRO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/04
Date

Daytime Phone #