


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90062 030 \*\*\*150.00

<b>DOCUMENT # F95000004179</b> 1. Entity Name COMING HOME STABLES, INC.	
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Principal Place of Business 1912 S. OCEAN DR. 1-3A HALLANDALE, FL 33009	Mailing Address 1912 S. OCEAN DR. 1-3A HALLANDALE, FL 33009
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**50009802**



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number 04-2802911	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent	
RITVO, KATHERINE 10848 NW 26TH ST SUNRISE, FL 33322	5600 S.W. 67th TERR. DAVIE, FL 33314 KR

**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 Katherine Ritvo KATHERINE RITVO 1/27/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCPT PETRO, MICHAEL 68 EVERGREEN AVE BRAintree, MA	1912 S. Ocean Dr. #1-3A Hallandale, FL 33009 MP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PETRO, MARY H 68 EVERGREEN AVE BRAintree, MA	1912 S. Ocean Dr. #1-3A Hallandale, FL 33009 MP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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**DO NOT WRITE  
IN THIS SPACE**

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: Michael P. Petro MICHAEL P. PETRO 1/27/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #