

**ANNUAL REPORT (AR)****DOCUMENT # F96000004471**

1. Entity Name

MEADOWBROOK HORSE TRANSPORTATION, INC.



**FILED**  
**Feb 07, 2006 08:00 AM**  
**Secretary of State**



1st MOORE CR2E034 (10/05)

Principal Place of Business

PO BOX 480296  
DELRAY BEACH FL 33448

Mailing Address

PO BOX 480296  
DELRAY BEACH FL 33448

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number  
11-2778044Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AUSTIN, RICHARD B  
 8390 NW 53RD STREET  
 SUITE 300  
 MIAMI FL 33166

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, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCD ☐ Delete  
 NAME TUFANO, RALPH F  
 STREET ADDRESS 2501 SOUTH EAST 4TH STREET  
 CITY-ST-ZIP POMPAÑO BEACH FL 33062

TITLE ☐ Change ☐ Add  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 000000424325  
 02/18/06-R0045-013 150.00

TITLE ☐ Delete  
 NAME  
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TITLE ☐ Change ☐ Add  
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 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RALPH TUFANO

Date

Daytime Phone #

800-432-8189