

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006880

Entity Name: TERRAPIN STABLES, INC.

FILED  
Feb 28, 2008  
Secretary of State

## Current Principal Place of Business:

1100 MAULE LANE  
WEST CHESTER, PA 19382

## New Principal Place of Business:

## Current Mailing Address:

1100 MAULE LANE  
WEST CHESTER, PA 19382

## New Mailing Address:

FEI Number: 23-2917089

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PREMIUM REALTY INC.  
2450 NE MIAMI GARDENS DR.  
N. MIAMI BEACH, FL 33180 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: COHEN, PHILIP  
Address: 1100 MAULE LN  
City-St-Zip: WEST CHESTER, PA 19382

Title: VP ( ) Delete  
Name: COHEN, MARCIA  
Address: 1100 MAULE LN  
City-St-Zip: WEST CHESTER, PA 19382

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: MARCIA COHEN

VP

02/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date