

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90128 019 ***150.00

DOCUMENT # **G35522**

1. Entity Name

THE PONY CLUB INC



DO NOT WRITE IN THIS SPACE

40048058

2. Principal Place of Business

BROWARD Co.

3. Mailing Address

PO Box 84-8215

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NALHANDALE FLA.

PIMBRIDGE PINES

City & State

City & State

FLORIDA 33084

4. FEI Number

59-2284495

Applied For

Not Applicable

Zip

33009

Country

BROWARD

Zip

33084

Country

BROWARD

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JUNE A DAVIS

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

725 NE 4TH ST #204

City

NALHANDALE

FL

Zip Code

33009

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**PRESIDENT
JUNE A DAVIS
725 NE 4TH ST #204
NALHANDALE FL 33009**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

JUNE A DAVIS

JUNE A. DAVIS

4/10/06

954-452-1878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #