

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 21, 2008 08:00 AM
Secretary of State

DOCUMENT # H36729

1. Entity Name
PINE FOREST SADDLERY, FARM & GARDEN, INC.



Principal Place of Business
7801 PINE FOREST ROAD
PENSACOLA, FL 32526

Mailing Address
7801 PINE FOREST ROAD
PENSACOLA, FL 32526



02122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2476305	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CROSSLAND, LUCY R.
7801 PINE FOREST RD
PENSACOLA, FL 32526

**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: Lucy R. Crossland
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, 2008 Fee will be \$550.00

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	PD CROSSLAND, LUCY R. 5705 ESPERANTO DR PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAMILTON, JACQUELYN W. 7391 PINE FOREST RD PENSACOLA, FL
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04/07/08-80039-025 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Lucy R. Crossland Lucy R. Crossland 3/19/08 850-944-0196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #