

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # J68413

1. Entity Name
BLACKS' HORSES AND PONIES, INC.



Principal Place of Business
16045 ROCOCO RD
TALLAHASSEE, FL 32309

Mailing Address
16045 ROCOCO RD
TALLAHASSEE, FL 32309



04182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2819719

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BAGGETT, FRED W.
101 EAST COLLEGE AVENUE
TALLAHASSEE, FL 32301

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME BLACK, DOROTHY L.
STREET ADDRESS 16045 ROCOCO RD.
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE VP
NAME BLACK, TRAMMEL J
STREET ADDRESS 16045 ROCOCO RD.
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE MD
NAME BILLINGSLEY, TRACI B
STREET ADDRESS 16041 ROCOCO RD
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

U00000520740
05/02/06-80106-011 150.00

**DO NOT WRITE
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:

Traci B. Billingsley 4-17-06 893-7212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #