2005 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2005 8:00 am
Secretary of State
03-08-2005 90163 013 ***150.00

DOCUMENT # K58009

1. Entity Name

HOBBY HORSE TACK SHOPPE, INC

DO NOT WRITE IN THIS SPACE

40027988

2. Principal Place of Business	3. Mailing Address
29495 WILDLIFE LANE Suite, Apt. #, etc.	29495 WILDLIFE LANE Suite, Apt. #, etc.
City & State: BROOKSVILLE, FL	City & State: BROOKSVILLE, FL
Zip: 34602 Country: HERNANDO	Zip: 34602 Country: HERNANDO

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2922746 ☐ Applied Fo ☐ Not Applic

6. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JUDITH M FANNIN

Street Address (P.O. Box Number is Not Acceptable): 29495 WILDLIFE LN

City: BROOKSVILLE FL Zip Code: 34602

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 acce the obligations of registered agent.

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

~~January 1, May 1 Fee is $150.00~~
~~After May 1 Fee is $550.00~~
~~Amended UBR Fee $25~~
~~Make Check Payable to Florida Department of State~~

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May E Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JUDITH M FANNIN 29495 WILDLIFE LN BROOKSVILLE, FL 34602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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: Judith M. Fannin JUDITH M. FANNIN 3/4/05 352-799-0509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #