2006 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2006 8:00 am
Secretary of State
03-07-2006 90015 035 ***150.00

DOCUMENT # K58009

1. Entity Name

HOBBY HORSE TACK SHOPPE, INC

DO NOT WRITE IN THIS SPACE

50001219

DO NOT WRITE IN THIS SPACE

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

4. FEI Number: 59-2922746 ☐ Applied For ☐ Not Applicable

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

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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 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

Jan 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR Fee is $[illegible]
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	PD JUDITH M FANNIN 29495 WILDLIFE LN BROOKSVILLE, FL 34602
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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 3/3/06 352-799-0509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #