


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K80411</b>	
<b>1. Entity Name</b> BIG SUN EQUINE PRODUCTS, INC.	

<b>Principal Place of Business</b> 2001 N W 1ST AVE OCALA, FL 34475 US	<b>Mailing Address</b> 2001 N W 1ST AVE OCALA, FL 34475 US
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01032008 No Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> 59-2997680	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  ALDRICH, KENNETH A 1378 NE 51ST LOOP OCALA, FL 34479	DO NOT WRITE IN THIS SPACE
<b>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.</b>	

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>DATE</b> 04/28/08-80027-018 150.00
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD KENWORTHY, MARILYN J. 12699 N.E. 36TH AVENUE SPARR, FL
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VD ALDRICH, KENNETH A. 1378 NE 51ST LOOP OCALA, FL 34479
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	STD KENWORTHY, STEPHEN M. 12699 N.E. 36TH AVE. SPARR, FL
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> 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 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.**

<b>SIGNATURE:</b> <i>Kenneth A. Aldrich</i>	<b>4/15/08</b>	<b>362-629-9645</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>