2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L37230

1. Entity Name
EQUESTRIAN CONCIERGE, INC.

Principal Place of Business	Mailing Address
1552 MONTAUK DR WELLINGTON, FL 33414 US	1552 MONTAUK DR WELLINGTON, FL 33414 US

DO NOT WRITE IN THIS SPACE

01032005   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0162119	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

RIPLEY, RAYMOND JR
323 NORTHEAST 6TH AVENUE
DELRAY BEACH, FL 33483

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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_____
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, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PST
NAME	ROACH, LOIS C
STREET ADDRESS	1552 MONTANK DR
CITY-ST-ZIP	WELLINGTON, FL 334145551

U00000341831
04/29/05-60032-005 150.00

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 01/10/05 561 790-6613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #