

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 17, 2004 08:00 AM
Secretary of State

DOCUMENT # L44383

1. Entity Name
SUNRISE STABLES SOUTH TRAINING CENTER, INC.



Principal Place of Business
14097 W. HWY 326
MORRISTON, FL 32668 US

Mailing Address
C/O EDWARD JOHN COLETTI
14097 W. HWY 326
MORRISTON, FL 32668 US



07132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2988746

Applied For
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

COLETTI, EDWARD JOHN
14097 W. HWY 326
MORRISTON, FL 32668

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature is required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPT
COLETTI, EDWARD JOHN
14097 WEST HWY. 326
MORRISTON, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVS
COLETTI, IRENE A.
14097 WEST HWY 326
MORRISTON, FL

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

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08/17/04-80001-008 150.00

**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)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8.16.2004 (354) 732-9787
Date Daytime Phone #