

DOCUMENT # N00000003505

1. Entity Name

NEW BEGINNINGS OF HORSESHOE, INC.



**FILED**  
**Feb 06, 2007 08:00 AM**  
**Secretary of State**



Principal Place of Business

HWY 351 HORSESHOE ROAD  
HORSESHOE BEACH FL 32648  
US

Mailing Address

P O BOX 296  
HORSESHOE BEACH FL 32648  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3654882

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

CORBIN, SAMUEL J  
14691 SW HWY 351  
HORSESHOE BEACH FL 32648

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 remaining)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME CORBIN, SAMUEL J  
STREET ADDRESS P O BOX 3 2ND AVE EAST  
CITY- ST- ZIP HORSESHOE BEACH FL 32648

TITLE VT ☐ Delete  
NAME BIRCHFIELD, MAXINE  
STREET ADDRESS RT 1 BOX 250 ROCKWELL CAMP RD  
CITY- ST- ZIP HORSESHOE BEACH FL 32648

TITLE ST ☐ Delete  
NAME CORBIN, CHERYL  
STREET ADDRESS P O BOX 3 2ND AVE E  
CITY- ST- ZIP HORSESHOE BEACH FL 32648

TITLE CT ☐ Delete  
NAME KIGHT, DANIEL  
STREET ADDRESS P O BOX 304 5TH AVENUE E  
CITY- ST- ZIP HORSESHOE BEACH FL 32648

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition  
NAME U000000624546  
STREET ADDRESS 02/14/07-80038-022 61.25  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY- ST- ZIP

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STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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:

*Samuel J. Corbin*

2-5-07

(352)498-5049