2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2004
Secretary of State

DOCUMENT# N01000003426

Entity Name: PROUD SPIRIT HORSE RESCUE, INC.

Current Principal Place of Business:

45400 CLAY GULLY ROAD
MYAKKA CITY, FL 34251

New Principal Place of Business:

45400 CLAY GULLY ROAD
MYAKKA CITY, FL 34251 US

Current Mailing Address:

45400 CLAY GULLY ROAD
MYAKKA CITY, FL 34251

New Mailing Address:

45400 CLAY GULLY ROAD
MYAKKA CITY, FL 34251 US

FEI Number: 65-1103738 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOWLES, MELANIE
45400 CLAY GULLY
MYAKKA CITY, FL 34251 US

Name and Address of New Registered Agent:

BOWLES, MELANIE
45400 CLAY GULLY ROAD
MYAKKA CITY, FL 34251 US

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.

SIGNATURE: _____ 02/22/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BOWLES, MELANIE S
Address: 45400 CLAY GULLY RD
City-St-Zip: MYAKKA CITY, FL 34251

Title: VTD ( ) Delete
Name: BOWLES, JAMES O JR
Address: 45400 CLAY GULLY RD
City-St-Zip: MYAKKA CITY, FL 34251

Title: D ( ) Delete
Name: DAVIS, MARK DVM
Address: P.O. BOX 2410 2865 HWY 31
City-St-Zip: ARCADIA, FL 33821

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELANIE S BOWLES PD 02/22/2004
Electronic Signature of Signing Officer or Director — Date