

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000007300

1. Entity Name
FIVE FLAGS STALLION ASSOCIATION, INC.



Principal Place of Business
3051 PINE FOREST RD
CANTONMENT, FL 32533

Mailing Address
3051 PINE FOREST RD
CANTONMENT, FL 32533



04062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3744014

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GRAHAM, JEAN
3051 PINE FOREST RD
CANTONMENT, FL 32533

**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 required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000119097
04/19/04-80087-010 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
GRAHAM, H L
3051 PINE FOREST RD
CANTONMENT, FL 32533

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
CONLEY, TOM
1748 JACKS BRANCH ROAD
CANTONMENT, FL 32533

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
CONLEY, BECKY
1748 JACKSON BRANCH ROAD
CANTONMENT, FL 32533

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
GRAHAM, JEAN
3057 PINE FOREST ROAD
CANTONMENT, FL 32533

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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)(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 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:

Becky Conley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-04

Date

1-800-711-9186

Daytime Phone #