

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002648

FILED  
Jan 27, 2009  
Secretary of State

Entity Name: H.O.R.S.E. INC.

**Current Principal Place of Business:**

5236 INTERNATIONAL AVE  
MIMS, FL 32754

**New Principal Place of Business:**

**Current Mailing Address:**

5236 INTERNATIONAL AVE  
MIMS, FL 32754

**New Mailing Address:**

FEI Number: 59-3718855

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARVER, PAULA L MISS  
5236 INTERNATIONAL AVE  
MIMS, FL 32754 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CARVER, PAULA  
Address: 5236 INTERNATIONAL AVE  
City-St-Zip: MIMS, FL 32754

Title: VD ( ) Delete  
Name: CARVER, GRADY  
Address: 5236 INTERNATIONAL AVE  
City-St-Zip: MIMS, FL 32754

Title: T ( ) Delete  
Name: KERR, JANET  
Address: 3554 ELLIS LN  
City-St-Zip: MIMS, FL 32754

**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 exemption stated in Chapter 119, 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: PAULA CARVER

PD

01/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date