

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000002648

**FILED**  
**Jan 05, 2010**  
**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 (X)**

**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  
Name: CARVER, PAULA  
Address: 5236 INTERNATIONAL AVE  
City-St-Zip: MIMS, FL 32754

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

Title: S  
Name: KERR, JANET  
Address: 3554 ELLIS LN  
City-St-Zip: MIMS, FL 32754

I hereby 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 all other like empowered.

**SIGNATURE:** PAULA CARVER

PD

01/05/2010

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

\_\_\_\_\_  
Date