2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006
Secretary of State

DOCUMENT# N02000002981

Entity Name: THE STANDARDBRED PLEASURE HORSE ORGANIZATION OF FLORIDA, INC.

Current Principal Place of Business:

3179 THOROUGHBRED DR
BROOKSVILLE, FL 34602

New Principal Place of Business:

Current Mailing Address:

3179 THOROUGHBRED DR
BROOKSVILLE, FL 34602

New Mailing Address:

FEI Number: 42-1535138 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWEGER, ROBERT
3179 THOROUGHBRED DR
BROOKSVILLE, FL 34602 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: D ( ) Delete
Name: TISON, DON
Address: 2504 WOODSIDE DR
City-St-Zip: LEESBURG, FL 34748

Title: PD ( ) Delete
Name: SWEGER, DEBRA
Address: 3179 THOROUGHBRED DR
City-St-Zip: BROOKSVILLE, FL 34602

Title: VD ( ) Delete
Name: WILLIAMS, KIM
Address: 24910 WALKABOUT RANCH RD
City-St-Zip: SORRENTO, FL 32776

Title: D ( ) Delete
Name: CLARK, JUDITH
Address: 219 AMELO AVE.
City-St-Zip: ELLENTON, FL 34222

Title: TD ( ) Delete
Name: BOMBARDO, TINA
Address: 1508 LAKE ELLA RD
City-St-Zip: FRUITLAND PARK, FL 34731

Title: D ( ) Delete
Name: BOMBARDO, PAT
Address: 1508 LAKE ELLA RD
City-St-Zip: FRUITLAND PARK, FL 34731

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: TISON, DON
Address: 16799 SE 175TH TERRACE RD.
City-St-Zip: WEIRSDALE, FL 32195

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

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

Title: D (X) Change ( ) Addition
Name: LOBIANCO, LISSANTE
Address: 5335 GREENS DRIVE
City-St-Zip: LADY LAKE, FL 32159

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 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: DEBRA SWEGER PD 03/20/2006

Electronic Signature of Signing Officer or Director — Date