


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90088 005 ****61.25

DOCUMENT # N02000002981 1. Entity Name THE STANDARD BRED PLEASURE HORSE ORGANIZATION OF FLORIDA, INC.	
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Principal Place of Business 3179 THOROUGHbred DR BROOKSVILLE, FL 34602	Mailing Address 3179 THOROUGHbred DR BROOKSVILLE, FL 34602
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 42-1535138	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SWEGER, ROBERT
3179 THOROUGHbred DR
BROOKSVILLE, FL 34602**

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$81.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TISON, DON 16799 SE 175TH TERRACE RD. WEIRSDALE, FL 32195
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SWEGER, DEBRA 3179 THOROUGHbred DR BROOKSVILLE, FL 34602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, KIM 24910 WALKABOUT RANCH RD SORRENTO, FL 32776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOBIANCO, LISSANTE 5335 GREENS DRIVE LADY LAKE, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOMBARDO, TINA 1508 LAKE ELLA RD FRUITLAND PARK, FL 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOMBARDO, PAT 1508 LAKE ELLA RD FRUITLAND PARK, FL 34731

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **1/5/07** **352-796-4842**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #