

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004391

FILED  
Apr 26, 2012  
Secretary of State

Entity Name: HEAVENLY HOOFS, INC.

**Current Principal Place of Business:**

1637 EAST VINE STREET, SUITE 200  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

1637 EAST VINE STREET, SUITE 200  
KISSIMMEE, FL 34744

**New Mailing Address:**

FEI Number: 13-4205662

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SANCHEZ, THOMASA  
1637 EAST VINE STREET, SUITE 200  
KISSIMMEE, FL 34744 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  
Name: SANCHEZ, THOMASA  
Address: 2800 VICKIE COURT  
City-St-Zip: KISSIMMEE, FL 34744

Title: D  
Name: TOMPKINS, THOMAS  
Address: 1731 BOGGY CREEK ROAD  
City-St-Zip: KISSIMMEE, FL 34744

Title: D  
Name: DIXON, KEN G  
Address: 1637 EAST VINE STREET, E  
City-St-Zip: KISSIMMEE, FL 34744

Title: D  
Name: WALTER, LARRY W  
Address: 400 WEST EMMET ST  
City-St-Zip: KISSIMMEE, FL 34741

Title: D  
Name: WHITE, THOMAS E  
Address: 920 N JOHN YOUNG PKWY  
City-St-Zip: KISSIMMEE, FL 34741

Title: D  
Name: ACKLEY, RAJA  
Address: 1503 SUNSET POINTE PLACE  
City-St-Zip: KISSIMMEE, FL 34744

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: THOMASA SANCHEZ

PRES

04/26/2012

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

\_\_\_\_\_  
Date