


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90073 030 ****61.25

DOCUMENT # N03000001083					
1. Entity Name ALL-4-1 EXCEPTIONAL EQUESTRIANS, INC.					
Principal Place of Business 1281 WEST MANSFIELD STREET LECANTO FL 34461			Mailing Address 1281 WEST MANSFIELD STREET LECANTO FL 34461		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02-0677572	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent IVANYI, HEATHER 9630 HAITIAN DRIVE MIAMI FL 33189				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DPST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	IVANYI, HEATHER		NAME		
STREET ADDRESS	9630 HAITIAN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33189		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	IVANYI, JUAN		NAME		
STREET ADDRESS	9630 HAITIAN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33189		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	IVANYI, SILVIA		NAME		
STREET ADDRESS	9630 HAITIAN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33189		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  4/20/06 352-476-8057



1st MOORE CR2E037 (10/05)

4. FEI Number
02-0677572

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IVANYI, HEATHER
9630 HAITIAN DRIVE
MIAMI FL 33189

1281 West
Mansfield St
LECANTO FL 34461

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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Due By May 1, 2006

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Trust Fund Contribution. ☐

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Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE	D	<input type="checkbox"/> Delete
NAME	IVANYI, JUAN	
STREET ADDRESS	9630 HAITIAN DRIVE	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	D	<input type="checkbox"/> Delete
NAME	IVANYI, SILVIA	
STREET ADDRESS	9630 HAITIAN DRIVE	
CITY-ST-ZIP	MIAMI FL 33189	
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