

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006338

FILED  
Apr 29, 2012  
Secretary of State

Entity Name: HORSESAVERS, INC.

**Current Principal Place of Business:**

5401 INDIAN TRAILS ROAD  
KEYSTONE HEIGHTS, FL 32656

**New Principal Place of Business:**

**Current Mailing Address:**

5401 INDIAN TRAILS ROAD  
KEYSTONE HEIGHTS, FL 32656

**New Mailing Address:**

FEI Number: 20-0211522

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALDRIDGE, TAMARA E  
5401 INDIAN TRAILS ROAD  
KEYSTONE HEIGHTS, FL 32656 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: ROBERSON, JOHN L  
Address: 5401 INDIAN TRAILS ROAD  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: VTD  
Name: ALDRIDGE, TAMARA E  
Address: 5401 INDIAN TRAILS ROAD  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: SD  
Name: CONNORS, SHARON M  
Address: PO BOX 320261  
City-St-Zip: GRANDING, FL 32138

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: JOHN L. ROBERSON

PRES

04/29/2012

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

\_\_\_\_\_  
Date