

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010177

FILED
Apr 26, 2006
Secretary of State

Entity Name: R&R HORSE RESCUE AND REHABILITATION INC.

Current Principal Place of Business:

8455 W ANGLE ROAD
FT PIERCE, FL 34947

New Principal Place of Business:

Current Mailing Address:

8455 W ANGLE ROAD
FT PIERCE, FL 34947

New Mailing Address:

FEI Number: 11-3735821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANDES, LORI
8455 W ANGLE ROAD
FT PIERCE, FL 34947 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 () Delete
Name: LANDES, LORI
Address: 8455 W ANGLE RD
City-St-Zip: FT PIERCE, FL 34947

Title: VPD () Delete
Name: LANDES, DAWN
Address: 315 WILMA CT
City-St-Zip: RIVIERA BEACH, FL 33404

Title: ST () Delete
Name: LANDES, OLYMPIA
Address: 8471 W ANGLE RD
City-St-Zip: FT PIERCE, FL 34947

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LORI LANDES

PF

04/26/2006

Electronic Signature of Signing Officer or Director

Date