## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 04, 2008 8:00 am Secretary of State

DOCUMENT # N09901  1. Entity Name A.H.O.O.F., THE SUNSHINE STATE HORSE COUNCIL, INC.				Secretary of State 04-04-2008 90035 037 ****61.25				
Principal Plac 116 HDCKOR BRANDON, F		Mailing Address 116 HOCKORY CREEK DR BRANDON, FL 33511	!					
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address	·	•				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03302008	Chg-NP	CR2E037 (12/06)	
City & State		City & State			4. FEI Number 59-2354	978	<del> </del>	pplied For at Applicable
Ζip	Country	Zip	Country		5. Certificate of	Status Desired	S8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New Re	gistered Agent	
	/ICKI DRY CREEK DR N, FL 33511		Stree		P.O. Box Number	is Not Acceptable)		
			City			······································	FL Zp Cod	le
	named entity submits this statement for	or the purpose of changing its o	egistered office	or register	red agent, or both	, in the State of Flori	da. I am familiar with,	and accept
SIGNATURE	Vick Low Signature, typed or priviled name of registerate spheri	VICKIL	awky			3/3	0 08	
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,	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financin	· · ·	\$5.00 May Be Added to Fees		ke check payable to be check payable to be check payable to be check payable to be checked by the checked by th	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI	9. Election Cam Trust Fund Co	paign Financin	" <sub>□</sub>	\$5.00 May Be Added to Fees ADDITIONS/CHAR	Florid		tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZP	Filing Fee is \$81.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financin ontribution.	Sa Sa	\$5.00 May Bo Added to Fees ADDITIONS/CHAP DOT L	Florid NGES TO OFFICERS	La Department of S S AND DIRECTORS IN Change	tate
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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:

Vicki Lawry
SIGNATURE AND TYPED OR PRENTED NAME OF SIGNATURE AND TYPED OR PRENTED NAME OF SIGNATURE OR DIRECTION

0/08 83601-0228