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2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
06 FEB -9 PM 5:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39270

1. Entity Name
BIT AND SPUR SADDLE CLUB, INC.

Principal Place of Business	Mailing Address
DUVAL/AIRPORT ROAD JACKSONVILLE, FL 32218-0252	P.O. BOX 26252 JACKSONVILLE, FL 32218-0252

01102006 Chg-NP CR2E037 (11/05)

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 05-9262707 ☐ Applied For ☐ Not Applicable

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
BROWNING, LARRY 1280 CRESTWOOD ST JACKSONVILLE, FL 32208	Name Hoilman, Oscar Street Address (P.O. Box Number is Not Acceptable) 7208 N.W. 180th Street City Starke FL Zip Code 32091

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 Oscar Hoilman, President 1/13/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BROWNING, LARRY 1280 CRESTWOOD ST. JACKSONVILLE, FL 32208	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Hoilman, Oscar 7208 N.W. 180th Street Starke, FL 32091	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD THOMAS, DIANE 3197 ARNOLD RD. JACKSONVILLE, FL 32218	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DEEN, TAMI 6428 LANNIE ROAD JACKSONVILLE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FLIGHT, MARGIE 44461 MAPLEWOOD CT CALLAHAN, FL 32011	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Lybrand, Elizabeth 9813 Plummer Road Jacksonville, Florida 32219	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Oscar Hoilman 1/13/06 904-964-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Oscar Hoilman, President

904-759-6091 (cell)