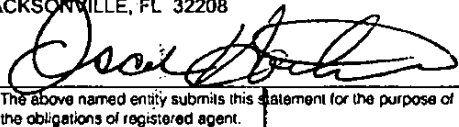
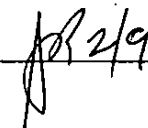
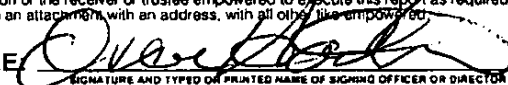


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N39270 1. Entity Name BIT AND SPUR SADDLE CLUB, INC.			
Principal Place of Business DUVAL/AIRPORT ROAD JACKSONVILLE, FL 32218-0252		Mailing Address P.O. BOX 26252 JACKSONVILLE, FL 32218-0252	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		4. FEI Number 05-9262707 Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BROWNING, LARRY 1280 CRESTWOOD ST JACKSONVILLE, FL 32208 		7. Name and Address of New Registered Agent Name: Hailman, 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: <u>Oscar Hailman, President</u> 1/13/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-designing)			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
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 Hailman, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/13/06 904-904-3900 Date Daytime Phone #	

Oscar Hailman, President

904-759-6091
(cell)

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



01102006 Chg-NP CR2E037 (11/05)