


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N42064</b> 1. Entity Name <b>FLORIDA DRAFT HORSE, PONY AND MULE ASSOCIATION, INC.</b>	
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Principal Place of Business <b>5422 W WOODLAWN ST DUNNELLON FL 34433 US</b>	Mailing Address <b>5422 W WOODLAWN ST DUNNELLON FL 34433 US</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number <b>59-0238650</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>KENT, MARILYN 5422 W WOODLAWN ST DUNNELLON FL 34433</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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	
TITLE	P <input type="checkbox"/> Delete
NAME	MOE, GARY
STREET ADDRESS	10410 W HWY 40
CITY - ST - ZIP	OCALA FL 34482
TITLE	ST <input type="checkbox"/> Delete
NAME	KENT, MARILYN
STREET ADDRESS	5422 W. WOODLAWN ST
CITY - ST - ZIP	DUNNELLON FL 34433
TITLE	D <input type="checkbox"/> Delete
NAME	PUGH, CHARLES
STREET ADDRESS	POB 761
CITY - ST - ZIP	HIGH SPRINGS FL 32655
TITLE	D <input type="checkbox"/> Delete
NAME	DARLING, JACK
STREET ADDRESS	1351 SE HWY 40
CITY - ST - ZIP	WILLISTON FL 32696
TITLE	D <input type="checkbox"/> Delete
NAME	HARRIS, VICKI
STREET ADDRESS	4151 NE 147TH CT
CITY - ST - ZIP	WILLISTON FL 32696
TITLE	VP <input type="checkbox"/> Delete
NAME	HEFNER, BERNIE
STREET ADDRESS	1100 NE 120TH ST
CITY - ST - ZIP	OCALA FL 34470

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000690862
STREET ADDRESS	04/12/07-80007-008 61.25
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Marilyn Kent Inc*

4/2/07