




2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90191 008 ****61.25

DOCUMENT # N43394 1. Entity Name SPECIAL EQUESTRIANS, INC.					
Principal Place of Business 17840 PALM CREEK DRIVE FORT MYERS, FL 33917				Mailing Address P OB OX 61528 FT MYERS, FL 33906-1528	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04272005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 65-0250071	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SCOTT, MATTHEW 1817 BOLADO PARKWAY CAPE CORAL, FL 33990			7. Name and Address of New Registered Agent Name Jan Fifer Street Address (P.O. Box Number is Not Acceptable) 5810 Cordwood Land City Fort Myers FL Zip Code 33919		
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>Jan Fifer</u> April 26, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/> 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 SCOTT, MATTHEW 1817 BOLADO BLVD. CAPE CORAL, FL 33990	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jan Fifer 5810 Cordwood Lane Fort Myers, FL 33919
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALLEY, GRANT 5525 MONTILLA DRIVE FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Jan Youngling 1830 Embarcadero Way N. Ft. Myers, FL 33917
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARTWELL, JUDY 5672 EICHEN CIRCLE FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Honora Kreitner 11194 Lakeland Circle Ft. Myers, FL 33913
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUSTAFSON, CINDY 9180 SOUTH MONT COVE #202 FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Anna Richardson 421 Coral Drive Cape Coral, FL 33904
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Jan Fifer		4/26/05 239-489-3833	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	