2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43394

FILED Jaņ 13, 2<u>00</u>8 Secretary of State

Entity Name: SPECIAL EQUESTRIANS, INC. **Current Principal Place of Business: New Principal Place of Business:** 17840 PALM CREEK DRIVE 5121 STALEY ROAD FORT MYERS, FL 33917 FORT MYERS, FL 33905 **Current Mailing Address: New Mailing Address:** PO BOX 61528 FT MYERS, FL 339061528 FEI Number: 65-0250071 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FIFER, JAN FIFER, JAN 5810 CORDWOOD LANE 16980 RIVERBOAT BEND FORT MYERS, FL 33919 US ALVA, FL 33920 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. SIGNATURE: 01/13/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition FIFER, JAN FIFER, JAN Name: Name: Address: 5810 CORDWOOD LANE Address: 16980 RIVERBOAT BEND City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: FORT MYERS, FL 33920 Title: Title: (X) Change () Addition () Delete YOUNGLING, JAN Name: Name: RODRIGUES, RAYMOND Address: 1830 EMBARCADERO WAY Address: 11401 WORCESTER RUN City-St-Zip: NORTH FORT MYERS, FL 33917 City-St-Zip: ESTERO, FL 33928 Title: () Delete Title: (X) Change () Addition RODRIGUES, RAYMOND Name: YOUNGLING, JAN Name: 11401 WORCESTER RUN Address: Address: 1830 EMBARCADERO WAY City-St-Zip: ESTERO, FL 33928 City-St-Zip: NORTH FORT MYERS, FL 33917 Title: () Delete Title: () Change () Addition Name: JACOBUS, HONORA' Name: Address: 12041 BRASSIE CIRCLE Address: City-St-Zip: FORT MYERS, FL 33913 City-St-Zip: Title: () Delete Title: () Change () Addition JONES, FREDA Name: Name: 19350 MEREDITH ROAD Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JAN FIFER Ρ 01/13/2008

NORTH FORT MYERS, FL 33917

City-St-Zip: