

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90026 016 \*\*\*\*70.00

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02102006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N48588</b> 1. Entity Name <b>SUNSHINE STATE RACKING, WALKING &amp; SPOTTED SADDLE HORSE ASSOCIATION, INC.</b>					
Principal Place of Business <b>15656 PONCE DE LEON BLVD. BROOKSVILLE, FL 34601</b>			Mailing Address <b>15656 PONCE DE LEON BLVD. BROOKSVILLE, FL 34601</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3129423</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DES CHAMPS, DEBBIE 15656 PONCE DE LEON BLVD. BROOKSVILLE, FL 34601</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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 _____ <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, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	P	<input type="checkbox"/> Delete			
NAME	<b>CONKLE, DONNA</b>				
STREET ADDRESS	<b>30131 ST JOE RD</b>				
CITY-ST-ZIP	<b>DADE CITY, FL 33525</b>				
TITLE	STD	<input type="checkbox"/> Delete			
NAME	<b>DESCHAMPS, DEBBIE D</b>				
STREET ADDRESS	<b>15656 PONCE DE LEON BLVD.</b>				
CITY-ST-ZIP	<b>BROOKSVILLE, FL 34601</b>				
TITLE	D	<input checked="" type="checkbox"/> Delete			
NAME	<b>JOHNSON, SCOTT</b>				
STREET ADDRESS	<b>6245 1ST SW</b>				
CITY-ST-ZIP	<b>VERO BEACH, FL 32968</b>				
TITLE	D	<input type="checkbox"/> Delete			
NAME	<b>COTTLE, ELMER</b>				
STREET ADDRESS	<b>226 PADGETT PL.</b>				
CITY-ST-ZIP	<b>LAKELAND, FL 33809</b>				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
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 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.					
<b>SIGNATURE:</b> <u>Debbie D DesChamps</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <u>2/10/06</u> Daytime Phone <u>352-658-1977</u>					