


2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

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

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

**DOCUMENT # N48588**

1. Entity Name  
SUNSHINE STATE RACKING, WALKING & SPOTTED  
SADDLE HORSE ASSOCIATION, INC.



Principal Place of Business  
15656 PONCE DE LEON BLVD.  
BROOKSVILLE, FL 34601

Mailing Address  
15656 PONCE DE LEON BLVD.  
BROOKSVILLE, FL 34601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

**60015547**

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02102006 Chg-NP CR2E037 (11/05)

4. FEI Number  
59-3129423

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DES CHAMPS, DEBBIE  
15656 PONCE DE LEON BLVD.  
BROOKSVILLE, FL 34601

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006

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	CONKLE, DONNA	
STREET ADDRESS	30131 ST JOE RD	
CITY-ST-ZIP	DADE CITY, FL 33525	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DESCHAMPS, DEBBIE D	
STREET ADDRESS	15656 PONCE DE LEON BLVD.	
CITY-ST-ZIP	BROOKSVILLE, FL 34601	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, SCOTT	
STREET ADDRESS	6245 1ST SW	
CITY-ST-ZIP	VERO BEACH, FL 32968	
TITLE	D	<input type="checkbox"/> Delete
NAME	COTTLE, ELMER	
STREET ADDRESS	226 PADGETT PL.	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 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: Debbie D DesChamps

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/10/06 Daytime Phone 352-658-1977