


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000000977

1. Entity Name
SOUTHEASTERN NATIONAL SHOW HORSE
ASSOCIATION, INC.



Principal Place of Business 2190 ROCKLEDGE DR ROCKLEDGE, FL 32955	Mailing Address 2190 ROCKLEDGE DR ROCKLEDGE, FL 32955
---	---

DO NOT WRITE IN THIS SPACE



04232004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3308440	Applied For Not Applicable
-----------------------------	-------------------------------

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

5. Name and Address of Current Registered Agent

SHEEHE & VENDITTELLI P.A.
1800 MIAMI CENTER
201 S. BISCAYNE BLVD.
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROTH, JANEE 6030 BALBOA ST PORT ST. JOHN, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEEHE, PHILLIP J 201 S. BISCAYNE BLVD. MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARMONY, SHANNON 2190 ROCKLEDGE DR ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARMONY, TOM 2190 ROCKLEDGE DR. ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000137134
04/29/04-80026-022 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Tom Harmony 4/23/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4/23/04 Daytime Phone #: 321 636-7790