

**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



04232004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

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, 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, JANE  
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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4/23/04*

Daytime Phone #: *321 636-7790*