2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2005
Secretary of State

DOCUMENT# N95000000977

Entity Name: SOUTHEASTERN NATIONAL SHOW HORSE ASSOCIATION, INC.

Current Principal Place of Business:

2190 ROCKLEDGE DR
ROCKLEDGE, FL 32955

New Principal Place of Business:

8000 W. HWY. 326
OCALA, FL 34482

Current Mailing Address:

2190 ROCKLEDGE DR
ROCKLEDGE, FL 32955

New Mailing Address:

8000 W. HWY. 326
OCALA, FL 34482

FEI Number: 59-3308440 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: ROTH, JANEE
Address: 6030 BALBOA ST
City-St-Zip: PORT ST. JOHN, FL 32927

Title: D ( ) Delete
Name: SHEEHE, PHILLIP J
Address: 201 S. BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33131

Title: PD (X) Delete
Name: HARMONY, SHANNON
Address: 2190 ROCKLEDGE DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete
Name: HARMONY, TOM
Address: 2190 ROCKLEDGE DR.
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PIZZONIA, ELIZABETH PRES
Address: 8000 W. HWY. 326
City-St-Zip: OCALA, FL 34482

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: TOM HARMONY D 08/31/2005

Electronic Signature of Signing Officer or Director — Date