

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N95000000977**

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



Principal Place of Business

**8000 W. HWY. 326  
OCALA, FL 34482**

Mailing Address

**8000 W. HWY. 326  
OCALA, FL 34482**



04092007 No Chg-NP CR2E037 (4/06)

**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**

6. 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 \$81.25  
Due by May 1, 2007**

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

U00000726032  
05/03/07-80046-010 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PIZZONIA, ELIZABETH PRES
STREET ADDRESS	8000 W. HWY. 326
CITY-ST-ZIP	OCALA, FL 34482

TITLE	D
NAME	SHEEHE, PHILLIP J
STREET ADDRESS	201 S. BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	D
NAME	HARMONY, TOM
STREET ADDRESS	2190 ROCKLEDGE DR.
CITY-ST-ZIP	ROCKLEDGE, FL 32955

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 \_\_\_\_\_

DATE: April 16, 2007

PH # 352-817-8020