



**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N97000004281 1. Entity Name RED HILLS HORSE TRIALS, INC.			FILED 05 JAN 10 AM 11:24 SECRETARY OF STATE TALLAHASSEE, FLORIDA  01052005 No Chg-NP CR2E037 (10/03) 05				
Principal Place of Business 831 LAKE RIDGE DRIVE TALLAHASSEE, FL 32312		Mailing Address 831 LAKE RIDGE DRIVE TALLAHASSEE, FL 32312					
DO NOT WRITE IN THIS SPACE			<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number 59-3459779</td><td style="width: 20%;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 59-3459779	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent AUSLEY, SALLIE M 3212 THOMASVILLE ROAD TALLAHASSEE, FL 32312		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS		700044408257 01/10/05--01021--005 **70.00 DO NOT WRITE IN THIS SPACE					
<small>TITLE</small>	PD						
<small>NAME</small>	AUSLEY, SALLIE M						
<small>STREET ADDRESS</small>	3212 THOMASVILLE ROAD						
<small>CITY-ST-ZIP</small>	TALLAHASSEE, FL 32312						
<small>TITLE</small>	VD						
<small>NAME</small>	BARRON, JANE						
<small>STREET ADDRESS</small>	ROUTE 3, BOX 118						
<small>CITY-ST-ZIP</small>	MONTEICELLO, FL 32344						
<small>TITLE</small>	STD						
<small>NAME</small>	OCHS, SYLVIA C						
<small>STREET ADDRESS</small>	831 LAKE RIDGE DRIVE						
<small>CITY-ST-ZIP</small>	TALLAHASSEE, FL 32312						
<small>TITLE</small>	VD						
<small>NAME</small>	ATKINS, CAROL						
<small>STREET ADDRESS</small>	1020 E PEARL ST						
<small>CITY-ST-ZIP</small>	MONTEICELLO, FL 32344						
<small>TITLE</small>	D						
<small>NAME</small>	NELSON, GAYLE						
<small>STREET ADDRESS</small>	3119 BROCKTON WAY						
<small>CITY-ST-ZIP</small>	TALLAHASSEE, FL 32312						
<small>TITLE</small>							
<small>NAME</small>							
<small>STREET ADDRESS</small>							
<small>CITY-ST-ZIP</small>							
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: <u>Sallie M. Ausley</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/10/05 <small>Date</small>	850 385-3956 <small>Daytime Phone #</small>				