




**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000017240</b>		
1. Entity Name HORSESPORTSONLINE.COM, INC.		
Principal Place of Business 12666 QUERCUS LANE WELLINGTON, FL 33414	Mailing Address 12666 QUERCUS LANE WELLINGTON, FL 33414	  03252004 No Chg-P CR2E034 (10/03)  4. FEI Number 59-3626735 Applied For Not Applicable  5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
<b>DO NOT WRITE IN THIS SPACE</b>		
5. Name and Address of Current Registered Agent  ORLANDO, DAVID 12666 QUERCUS LANE WELLINGTON, FL 33414		
<b>DO NOT WRITE IN THIS SPACE</b>		
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) <small>Signature, typed or printed name of registered agent and file if applicable.</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WILLIAMS, GRANT 1155 GOLDENROD ROAD WELLINGTON, FL 33414	<p>U000000098698 03/29/04-80051-006 158.75</p> <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ORLANDO, DAVID 12666 QUERCUS LANE WELLINGTON, FL 33414	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/25/04 904 472 3504 <small>Date Daytime Phone #</small>