


**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90081 013 \*\*\*150.00

<b>DOCUMENT #</b> P000000472574 <b>1. Entity Name</b> Hailmans Horse & Tack Sales Inc.	
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**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 617 n temple ave Suite, Apt. #, etc. Starke FL City & State	<b>3. Mailing Address</b> 617 n temple ave Suite, Apt. #, etc. Starke FL City & State
Zip 32091 Country	Zip 32091 Country

40046614

CR2E034B (8/05)

<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b> 59-3644628		Applied For <input type="checkbox"/> Not Applicable
	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
	<b>7. Name and Address of Current Registered Agent</b>		
	Name Julie Cirigliano Street Address (P.O. Box Number is Not Acceptable) 486 n temple ave Starke City FL Zip Code 32091		

**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

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended AR is \$61.25**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> President <b>NAME</b> Bessie Hailman <b>STREET ADDRESS</b> 7208 NW 180th St <b>CITY-ST-ZIP</b> Starke FL 32091	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>
<b>TITLE</b> Vice President <b>NAME</b> Oscar Hailman <b>STREET ADDRESS</b> 7208 NW 180th St <b>CITY-ST-ZIP</b> Starke FL 32091	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>
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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 607, Florida Statutes, and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Bessie Hailman Bessie Hailman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-07

Date

904 759-4092

Daytime Phone #