

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000066523

FILED
Apr 30, 2004
Secretary of State

Entity Name: HIDDEN OAKS EQUESTRIAN CENTER, INC.

Current Principal Place of Business:

4078 SCARLET IRIS PLACE
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

4078 SCARLET IRIS PLACE
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 59-3665294

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILPOT, SCOTT L
4078 SCARLET IRIS PLACE
WINTER PARK, FL 32792 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PHILPOT, KELLI L
Address: 4078 SCARLET IBIS PL
City-St-Zip: WINTER PARK, FL 32792

Title: VD () Delete
Name: PHILPOT, SCOTT L
Address: 4078 HWY 426
City-St-Zip: GENEVA, FL 32732

Title: SD () Delete
Name: PHILPOT, ROBIN L
Address: 4078 HWY 426
City-St-Zip: GENEVA, FL 32732

Title: TD () Delete
Name: HOWE, JEREMY
Address: 1808 MEADOWGOLD LN
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT L. PHILPOT

RA

04/30/2004

Electronic Signature of Signing Officer or Director

Date