## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000091369

CITRA, FL 32113 US

City-St-Zip:

Entity Name: SUNSET PINES CUSTOM EQUINE CARE, INC.

FILED Sep 02, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2662 NW 134TH ST CITRA, FL 32113 US **Current Mailing Address: New Mailing Address:** 2662 NW 134TH ST CITRA, FL 32113 US FEI Number: 59-3676653 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ATWELL, MARY M 2662 NW 134TH ST CITRA, FL 32113 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSTD ( ) Delete () Change () Addition ATWELL, MARY MARGARET Name: Name: 2662 NW 134TH ST Address: Address: City-St-Zip: CITRA, FL 32113 US City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: BUTLER, NANCY LONE Name: 2662 NW 134TH ST Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: NANCY I BUTLER V 09/02/2008