

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000096406

FILED  
Feb 25, 2009  
Secretary of State

Entity Name: SANDBAR HORSE FACILITY, INC.

**Current Principal Place of Business:**

11329 MATTIODA RD  
GROVELAND, FL 34736

**New Principal Place of Business:**

**Current Mailing Address:**

11329 MATTIADA RD  
GROVELAND, FL 34736

**New Mailing Address:**

11329 MATTIODA RD  
GROVELAND, FL 34736

FEI Number: 59-3682046

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEISNER, MARY P  
11329 MATTIADA RD  
GROVELAND, FL 34736 US

**Name and Address of New Registered Agent:**

LEISNER, MARY P  
11329 MATTIODA RD  
GROVELAND, FL 34736 US

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

02/25/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LEISNER, RICHARD K  
Address: 11329 MATTIADA RD  
City-St-Zip: GROVELAND, FL 34736

Title: D ( ) Delete  
Name: LEISNER, MARY P  
Address: 11329 MATTIADA RD  
City-St-Zip: GROVELAND, FL 34736

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: LEISNER, RICHARD K  
Address: 11329 MATTIODA RD  
City-St-Zip: GROVELAND, FL 34736

Title: D (X) Change ( ) Addition  
Name: LEISNER, MARY P  
Address: 11329 MATTIODA RD  
City-St-Zip: GROVELAND, FL 34736

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: MARY P LEISNER

Electronic Signature of Signing Officer or Director

D

02/25/2009

Date