2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000036416

6066 188TH TRAIL NORTH

LOXAHATCHEE, FL 33470

Address: City-St-Zip: FILED May 19, 2005 Secretary of State

Entity Name: DOWNTOWN HORSE & CARRIAGE, INC. **Current Principal Place of Business: New Principal Place of Business:** 3898 161ST TERR N 3898 161ST TERR N LOXAHATCHEE, FL 33470 LOXAHATCHEE, FL 33470 **Current Mailing Address: New Mailing Address:** 3898 161ST TERR N LOXAHATCHEE, FL 33470 FEI Number: 20-1698040 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: MCCARTHY, ANNE BONNEAU, RICHARD CPA 1106 W INDIANTOWN ROAD 3898 161 ST TERR N LOXAHATCHEE, FL 33470 US SUITE 3 JUPITER, FL 33458 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: RICHARD A BONNEAU CPA 05/19/2005 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: () Delete () Change () Addition MCCARTHY, ANNNE Name: Name: 3898 161ST TERRACE NORTH Address: Address: City-St-Zip: LOXAHATCHEE, FL 33470 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition GRIFFITH. JENNIFER Name: Name: 11415 56TH PLACE NORTH Address: Address: ROYAL PALM BEACH, FL 33411 City-St-Zip: City-St-Zip: Title: Title: D (X) Delete () Change () Addition EGAN, SHEILA Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: ANNE MCCARTHY P 05/19/2005