

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90009 041 ***150.00

DOCUMENT # P01000048711

1. Entity Name

TED MAY ARENA & STABLES, INC.



Principal Place of Business

**4200 HIGHWAY 4 EAST
JAY FL 32565**

Mailing Address

**P.O. BOX 176
JAY FL 32565**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-3720356

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARROW, THOMAS F
4200 HIGHWAY 4 EAST
JAY FL 32565**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Thomas F Barrow **Owner**

4-27-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARROW, THOMAS F POST OFFICE BOX 176 JAY FL 32565 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARROW, ELIZABETH L POST OFFICE BOX 176 JAY FL 32565 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas F Barrow **President**

04-27-04

**850 675 1646
850 983 4505**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

Doc. # 001000048711

P.O. Box 176 Jay FL 32565

57054660

Ted May Arena & Stables

May 17, 2004

Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, FL 32314

Dear Sir or Madam:

Due to the fact that I received this payment back in the mail for return to sender, I, Frederick Barrow, have sent this payment again with this letter in hopes that the receiver will understand. I sincerely apologize for the misshapenness in the mail and ask that you do not charge me the late fee amount of \$550.00. In this I have enclosed a check of \$150.00, which is the same check I sent on April 27, 2004, in hopes that you will accept my letter of apology. When received, please, could someone call me and let me know that you received this letter and payment, and will you accept my payment. You can call me at work at (850) 983-4505, or at home at (850) 675-1646. Thank you for taking the time to read my letter.

Sincerely,



Frederick Barrow
President