

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000110040

1. Entity Name

5 GAIT STABLE, INC.



Principal Place of Business

**10502 HENDERSON RD.
TAMPA FL 33625**

Mailing Address

**10502 HENDERSON RD.
TAMPA FL 33625**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number **59-3757149**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**JOHNSON, DEAN F
1630-22ND ST N
SAINT PETERSBURG FL 33713**

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

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

(NOTE: Registered Agent signature required when changing.)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PVD**
STREET ADDRESS **JOHNSON, VALIA Y**
CITY- ST- ZIP **#10 MARINA TERRACE
TREASURE ISLAND FL 33706**

TITLE ☐ Change ☐ Addition
NAME **U00000933684**
STREET ADDRESS **05/23/08-80002-001 150.00**
CITY- ST- ZIP

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **JOHNSON, DEAN F**
CITY- ST- ZIP **#10 MARINA TERRACE
TREASURE ISLAND FL 33706**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Dean F Johnson
Dean F Johnson 4-28-08

727 327-8285

REGISTERED OFFICER OR DIRECTOR

Date

Day: 100 From #