

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90196 034 \*\*\*150.00

DOCUMENT # P01000117736

1. Entity Name  
MARY-GO-ROUND HORSES, INC.



Principal Place of Business  
5660 JOHNSON LAKE ROAD  
DE LEON SPRINGS, FL 32130

Mailing Address  
5660 JOHNSON LAKE ROAD  
DE LEON SPRINGS, FL 32130



04142006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3760644

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

BALDAUFF, STEPHEN R  
5660 JOHNSON LAKE ROAD  
DE LEON SPRINGS, FL 32130

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	BALDAUFF, STEPHEN R
STREET ADDRESS	5660 JOHNSON LAKE ROAD
CITY - ST - ZIP	DE LEON SPRINGS, FL 32130
TITLE	D
NAME	BALDAUFF, MILDRED M
STREET ADDRESS	5660 JOHNSON LAKE ROAD
CITY - ST - ZIP	DE LEON SPRINGS, FL 32130
TITLE	D
NAME	BALDAUFF, MARY E
STREET ADDRESS	5660 JOHNSON LAKE ROAD
CITY - ST - ZIP	DE LEON SPRINGS, FL 32130
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/25/06

386-748-0857