

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Mar 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000119946**

1. Entity Name  
**FIELD OF DREAMS STABLES, INC.**



Principal Place of Business  
**2483 PADDOCK WAY  
OVIDO, FL 32765**

Mailing Address  
**5920 ROCKING HORSE RD.  
ORLANDO, FL 32817**



02242004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-3600036**

Applied For  
Not Applicable

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

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

**SHELHORN, ROSEMARY  
5920 ROCKING HORSE RD.  
ORLANDO, FL 32817**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**U000000078573  
03/08/04-80031-007 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	SPINKS, TRACY M
STREET ADDRESS	2483 PADDOCK WAY
CITY-ST-ZIP	OVIDO, FL 32765
TITLE	DV
NAME	SHELHORN, ROBERT S
STREET ADDRESS	5920 ROCKING HORSE RD.
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	DTS
NAME	SHELHORN, ROSEMARY
STREET ADDRESS	5920 ROCKING HORSE RD.
CITY-ST-ZIP	ORLANDO, FL 32817

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/4/04**

Date

**407/657-7375**

Daytime Phone #

**ROSEMARY SHELHORN**