

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000024938

1. Entity Name
LA MELINA REPRODUCTION AND FOAL WATCH
CENTER, INC.



Principal Place of Business
662 S.E. 155TH ST
SUMMERFIELD, FL 34491

Mailing Address
662 S.E. 155TH ST
SUMMERFIELD, FL 34491



03032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0689576

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SWIGERT, BRETT L P.A.
10935 S.E. 177TH PLACE., STE 205
SUMMERFIELD, FL

**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**

000000116776
04/16/04-80079-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COSSART, JOHN W
STREET ADDRESS	662 S.E. 155TH ST
CITY - ST - ZIP	SUMMERFIELD, FL 34491
TITLE	D
NAME	COSSART, MARY T
STREET ADDRESS	662 S.E. 155TH ST
CITY - ST - ZIP	SUMMERFIELD, FL 34491
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: *John W. Cossart* *Mary T. Cossart*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04

Date

382-216-6610

Daytime Phone #