

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90226 045 \*\*\*150.00

**DOCUMENT # P02000049621**

1. Entity Name  
**HOUCK EQUESTRIAN, INC.**



Principal Place of Business  
**7757 NW 146 STREET  
MIAMI LAKES, FL 33016**

Mailing Address  
**7757 NW 146 STREET  
MIAMI LAKES, FL 33016**

**44070256**



2. Principal Place of Business  
**9050 Pines Blvd  
Suite, Apt. #, etc.  
# 386**

3. Mailing Address  
**9050 Pines Blvd  
Suite, Apt. #, etc.  
# 386**

04102004 Chg-P CR2E034 (10/03)

City & State  
**Pembroke Pines, FL**  
Zip  
**33024** Country

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**Pembroke Pines, FL**  
Zip  
**33024** Country

4. FEI Number  
**76-0700485** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**HOUCK MOORE, LIZA  
7757 NW 146 STREET  
MIAMI LAKES, FL 33016**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**9050 Pines Blvd # 386**  
City **Pembroke Pines FL** Zip Code  
**33024**

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 **Liza Houch Moore**

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

(NOTE: Registered Agent signature required when reinstating)

**4-29-4**

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

**10. OFFICERS AND DIRECTORS**

TITLE	<b>PDST</b>	<input type="checkbox"/> Delete
NAME	<b>HOUCK MOORE, LIZA</b>	
STREET ADDRESS	<b>7757 NW 146 STREET</b>	
CITY-ST-ZIP	<b>MIAMI LAKES, FL 33016</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>PDST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOUCK-MOORE, Liza</b>	
STREET ADDRESS	<b>9050 Pines Blvd # 386</b>	
CITY-ST-ZIP	<b>Pembroke Pines, FL 33024</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Liza Houch Moore**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-4 (713) 302-1702**

Date

Daytime Phone #