


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P02000057384</b> Entity Name <b>NOTTINGHAM EQUESTRIAN VILLAGE, INC.</b>	
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Principal Place of Business <b>29 OLD KINGS ROAD NORTH 5B PALM COAST, FL 32135-0653</b>	Mailing Address <b>POST OFFICE BOX 350653 PALM COAST, FL 32137</b>
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**DO NOT WRITE IN THIS SPACE**

**FILED**  
**Aug 21, 2008 08:00 AM**  
**Secretary of State**



08192008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>73-1642599</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

**PATERSON, WILLIAM JR  
54 FELLOWSHIP DRIVE  
PALM COAST, FL 32137**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PATERSON, WILLIAM JR. POST OFFICE BOX 350653 PALM COAST, FL 321350653</b>
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08/21/08-80002-016 150.00

**DO NOT WRITE  
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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:**  **Aug 19 2008** **386-503-9480**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #