

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-05-2004 90193 035 \*\*\*150.00

**DOCUMENT # P03000001499**

1. Entity Name  
**ART DAWE HORSESHOEING, INC.**



Principal Place of Business  
P.O. BOX 996  
FAIRFIELD, FL 32634-0996

Mailing Address  
P.O. BOX 996  
FAIRFIELD, FL 32634-0996

**24070615**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292004

Chg-P

CR2E034 (10/03)

4. FEI Number

**01-1438612**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAWE, ARTHUR J III  
153 E COWPEN LAKE POINT RD  
HAWTHORNE, FL 32640

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
D  
DAWE, ARTHUR J III  
Delete  
STREET ADDRESS  
P.O. BOX 996  
CITY-ST-ZIP  
FAIRFIELD, FL 326340996

TITLE  
NAME  
P/T  
Delete  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
D  
HARRIS, CINDY M  
Delete  
STREET ADDRESS  
P.O. BOX 996  
CITY-ST-ZIP  
FAIRFIELD, FL 326340996

TITLE  
NAME  
S  
Delete  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
Delete  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
Delete  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
Delete  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
Delete  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

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: *Arthur J. Dawe III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**PRESIDENT**

*04/29/04* - *352-481-3122*  
Date Daytime Phone #