


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-11-2004 90009 040 ***150.00

DOCUMENT # P03000025179	
1. Entity Name HORSE AND HOUND, INC.	

Principal Place of Business 4613 UNIVERSITY DR. #414 CORAL SPRINGS FL 33067	Mailing Address 4613 UNIVERSITY DR. #414 CORAL SPRINGS FL 33067
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66403568



MOORE CR2E034 (11/03)

2. Principal Place of Business 6700 PARKSIDE DR Suite, Apt. #, etc.	3. Mailing Address 6700 PARKSIDE DR Suite, Apt. #, etc.
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City & State PARKLAND FL	City & State PARKLAND FL
Zip 33067	Country US

4. FEI Number 450504927	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NELL ADAMS-IBA 4613 UNIVERSITY DR. #414 CORAL SPRINGS FL 33067

7. Name and Address of New Registered Agent Name: NELL ADAMS-IBA Street Address (P.O. Box Number is Not Acceptable): 6700 PARKSIDE DR City: PARKLAND FL Zip Code: 33067

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:  DATE: 2-1-04
Signature, typed or printed name of registered agent and fee applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT + CEO NELL ADAMS IBA 6700 PARKSIDE DR PARKLAND FL 33067 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT + CEO Nell Adams-Iba 6700 PARKSIDE DR PARKLAND FL 33067 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE: 2-1-04 DAYTIME PHONE: 954 796-7996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR