

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000066144

FILED
May 03, 2004
Secretary of State

Entity Name: SCHOOL OF DRESSAGE, INC.

Current Principal Place of Business:

1307 SPRING GARDEN RANCH RD.
DELEON SPRINGS, FL 32130

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 597
DELEON SPRINGS, FL 32130

New Mailing Address:

FEI Number: 05-0588813 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUER, KIRK T ESQ.
223 S. WOODLAND BLVD.
DELAND, FL 32720 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR () Change (X) Addition
Name: POULIN, MICHAEL B
Address: 1307 SPRING GARDEN RANCH RD
City-St-Zip: DELEON SPRINGS, FL 32130 US

Title: MRS () Change (X) Addition
Name: POULIN, SHARON R
Address: 1307 SPRING GARDEN RANCH RD
City-St-Zip: DELEON SPRINGS, FL 32130 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON POULIN

MRS

05/03/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date