


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90213 025 \*\*\*150.00

<b>DOCUMENT # P03000085292</b>		
1. Entity Name HEWITT QUARTER HORSES, INC.		

Principal Place of Business 1812 "B" ROAD LOXAHATCHEE, FL 33470	Mailing Address 1812 "B" ROAD LOXAHATCHEE, FL 33470
---	---

44044326

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03312004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0130537	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent  MOTT, GARY A 15470 LOS ANGELES DRIVE LOXAHATCHEE, FL 33470		7. Name and Address of New Registered Agent 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	(NOTE: Registered Agent signature required when reinstating)	DATE
-----------	--	------

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	-----------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOTT, GARY A 15470 LOS ANGELES DRIVE LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 the 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: 	4-28-04 561-791-2866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

Attachment

440443200  
# P03000085292

M.H. Baillie & Associates, Inc.

ACCOUNTING and TAX SERVICES

Hewitt Quarter Horses, Inc  
3/31/04

3471 N.E. 17th Terrace  
Fort Lauderdale, Florida 33334-5356  
Telephone (954) 566-1934  
Fax (954) 566-9472

Tax Form Instructions

TAX FORM: UNIFORM BUSINESS REPORT-2004-FL DIVISION OF CORPORATIONS

MAKE CHECK PAYABLE TO: (Write ~~XXXXXXXXXXXX~~ ID No. on check)

Internal Revenue Service

Florida Department of Revenue

Florida Unemployment Compensation Fund

Bank

XX Other FLORIDA DEPARTMENT OF STATE

AMOUNT OF CHECK: \$150.00

No Check Required

MAIL TO:

IRS Service Center, Atlanta, Georgia 39901

Florida Dept. of Revenue, Carlton Bldg.,  
Tallahassee, Florida 32301

County Tax Assessor (Address on Form)

Bank

Enclosed Envelope for your use

Division of Corporations

XX Other P. O. Box 6198

Tallahassee, FL 32314

TO BE SIGNED AND DATED BY:

Taxpayer

Taxpayer & Wife

Any Officer

XX Other Majority shareholder or Director/President

MAIL ON OR BEFORE: MAY 1, 2004—\$500.00 PENALTY FOR LATE FILING!!