## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 18, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P03000089975** 1. Entity Name 04-18-2007 90165 046 \*\*\*150.00 MEL'S TACK ROOM, INC Principal Place of Business Mailing Address 5333 NW 45 LANE 5333 NW 45 LANE GAINESVILLLE, FL 32606 GAINESVILLLE, FL 32606 04142007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 54-2121366 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent CAPELOTO, REBECCA A DO NOT WRITE 5333 NW 45 LANE GAINESVILLE, FL 32606 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. Farn familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PT TITLE CAPELOTO, REBECCA G NAME STREET ADDRESS 5333 NW 45 LANE CITY-ST-ZIP GAINESVILLE, FL 32606 TITLE NAME MONTEVIDEO, MELISSA A STREET ADDRESS 5333 NW 45 LANE CITY-ST-ZIP GAINESVILLE, FL 32606 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

FILED

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.

CIGNATURE. Julieur g. Capeloto

NAME
STREET ADDRESS
CITY-ST-ZEP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZEP

4-15-07