


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90028 018 \*\*\*150.00

**DOCUMENT # P03000126697**

1. Entity Name  
**CHAPEL TRAIL STABLES, INC.**



Principal Place of Business  
**1374 SW 179TH TERRACE  
 PEMBROKE PINES, FL 33029**

Mailing Address  
**1374 SW 179TH TERRACE  
 PEMBROKE PINES, FL 33029**

01000003



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**6466 NW 5th Way**  
 Suite, Apt. #, etc.

03012004 Chg-P CR2E034 (10/03)

City & State  
**Fort Lauderdale, FL**

City & State  
**Fort Lauderdale, FL**

Zip  
**33309**

Country  
**Armed**

4. FEI Number  
**Apple Fed**

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HAYDOCK, VINCENT  
 1374 SW 179TH TERRACE  
 PEMBROKE PINES, FL 33029**

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.

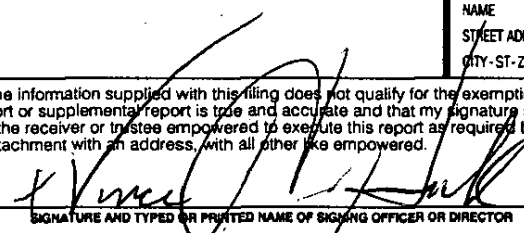
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYDOCK, VINCENT	NAME	
STREET ADDRESS	1374 SW 179TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIRICO, DARYL	NAME	
STREET ADDRESS	2549 NE 26TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:** **3/8/04** **Daytime Phone #:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR