

**2005-FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 12, 2005 8:00 am
Secretary of State

04-13-2005 90039 002 ***150.00

DOCUMENT # P03000151772

1. Entity Name
BIG HEAD PAIL HORSE PRODUCTIONS, INC.



Principal Place of Business
**12901 NW 1ST STREET
BLDG 4, STE. 210
PEMBROKE PINES FL 33028
US**

Mailing Address
**12901 NW 1ST STREET
BLDG 4, STE. 210
PEMBROKE PINES FL 33028
US**

66016798



010834714
1st MOORE CR2F034

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

3. Mailing Address
829 NW 81 Ave
Suite, Apt. #, etc.
City & State
Plantation, FL
Zip Country
33324 U.S.A

4. FEI Number **AP-PLIED FOR** ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**WARD, TIM
12901 NW 1ST STREET
BLDG. 4, STE. 210
PEMBROKE PINES FL 33028**

7. Name and Address of New Registered Agent
Name **N/A**
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 **Timothy Ward** DATE **4/8/05**
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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WARD, TIM	
STREET ADDRESS	12901 NW FIRST STREET, BLDG 4, STE 210	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	Ward, Tim	<input type="checkbox"/> Delete
NAME	829 NW 81 Ave.	
STREET ADDRESS	Plantation, FL 33324	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **Timothy Ward** DATE **4/7/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR