2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90024 009 ***150.00

DOCUMENT # P04000021103

1. Entity Name
JANE CIBELLI RACING STABLES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2062 OLDSMAR, FL 34607 US	P.O. BOX 2062 OLDSMAR, FL 34607 US

400003483

01052005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
P.O. BOX 2062		P.O. BOX 2062	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
&		~~OLDSMAR~~	
City & State		City & State	
OLDSMAR FL		OLDSMAR	
Zip	Country	Zip	Country
34677	US.	FL.	34677

4. FEI Number 51 049 6273 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHALLES, LARRY 5320 MAIN STREET NEW PORT RICHEY, FL 34652	Name JANE CIBELLI Street Address (P.O. Box Number is Not Acceptable) 216 CARYL WAY City OLDSMAR FL Zip Code 34677

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 X [signature] X [signature] 1-16-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	D GIBELLI, JANE P.O. BOX 2062 OLDSMAR, FL 34607	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIBELLI JANE P.O. BOX 2062 OLDSMAR FL 34677	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 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: X [signature] 1-7-05 727 421 9133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #