

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000031739					
1. Entity Name BRIDLEOAKS FARM, INC					
Principal Place of Business 10137 NW 19TH PLACE OCALA, FL 34482			Mailing Address 10137 NW 19TH PLACE OCALA, FL 34482		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04112006 Chg-P CR2E034 (11/05)	
4. FEI Number 20-0739776				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHEELER, DONNA L 10137 NW 19TH PLACE OCALA, FL 34482			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 P	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME WHEELER, DONNA L			NAME		
STREET ADDRESS 10137 NW 19TH PLACE			STREET ADDRESS		
CITY-ST-ZIP OCALA, FL 34482			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ 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 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.					
SIGNATURE: <u>Donna L. Wheeler</u>			Donna L. Wheeler		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		

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05/02/06-80009-001 158.75