


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90259 031 ***150.00

DOCUMENT # P04000071968 1. Entity Name BEAR PAW QUARTERHORSES, INC.	
---	---

Principal Place of Business 19551 SW 36TH STREET DUNNELLO, FL 34431 US	Mailing Address 19551 SW 36TH STREET DUNNELLO, FL 34431 US
--	--

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country



04092005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1073733	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required --	

6. Name and Address of Current Registered Agent NORMAN, AMY JO 19551 SW 36TH STREET DUNNELLO, FL 34431	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 _____ (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. <input type="checkbox"/> \$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 NORMAN, AMY JO	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19551 SW 36TH STREET	NAME	STREET ADDRESS
STREET ADDRESS	DUNNELLO, FL 34431	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete RAMSIE, JACKIE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19551 SW 36TH STREET	NAME	STREET ADDRESS
STREET ADDRESS	DUNNELLO, FL 34431	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete SPENCER, JENNIFER A	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19551 SW 36TH STREET	NAME	STREET ADDRESS
STREET ADDRESS	DUNNELLO, FL 34431	STREET ADDRESS	CITY-ST-ZIP
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		STREET ADDRESS	CITY-ST-ZIP
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		STREET ADDRESS	CITY-ST-ZIP
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		STREET ADDRESS	CITY-ST-ZIP
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: *Amy Jo Norman* 4/12/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #