


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000071968</b>	
1. Entity Name <b>BEAR PAW QUARTERHORSES, INC.</b>	

Principal Place of Business <b>19551 SW 36TH STREET DUNNELLO, FL 34431 US</b>	Mailing Address <b>19551 SW 36TH STREET DUNNELLO, FL 34431 US</b>
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03292007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

**NORMAN, AMY JO  
19551 SW 36TH STREET  
DUNNELLO, FL 34431**

**DO NOT WRITE IN THIS SPACE**

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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORMAN, AMY JO 19551 SW 36TH STREET DUNNELLO, FL 34431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMSIE, JACKIE 19551 SW 36TH STREET DUNNELLO, FL 34431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCER, JENNIFER A 19551 SW 36TH STREET DUNNELLO, FL 34431
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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05/18/07-80024-006 150.00

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: *Amy J Norman* **4/20/07** **352-489-9489**

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