

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000076065

1. Entity Name
QUARTER HORSES UNLIMITED, INC.



Principal Place of Business
**2787 SATURN RD
BROOKSVILLE, FL 34604-7027**

Mailing Address
**2787 SATURN RD
BROOKSVILLE, FL 34604-7027**

FILED
Apr 16, 2007 08:00 AM
Secretary of State



04092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1092234	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KEYSER, ANN M
2787 SATURN RD
BROOKSVILLE, FL 34604-7027**

**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 _____

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, 2007 Fee will be \$550.00**

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

000000710017
04/25/07-80027-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KEYSER, ANN M
STREET ADDRESS	2787 SATURN RD
CITY-ST-ZIP	BROOKSVILLE, FL 346047027

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: ✓

Ann M. Keyser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 4/13/07 ✓ 352
848-0830
Date Daytime Phone #