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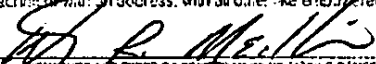
2005 FOR PROFIT CORPORATION ANNUAL REPORT

04-20-2005 90316017 ***150.00

FILE # P04000076142

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P04000076142			
1. Entity Name HERITAGE HORSE SHOWS, INC			
Principal Place of Business 4601 SW 74 TERR DAVIE, FL 33314		Mailing Address 4601 SW 74 TERR DAVIE, FL 33314	
2. Principal Place of Business		3. Mailing Address	
Subs., Apt. #, etc.		Subs., Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEDLIN, WILLIAM R 4601 SW 74 TERR DAVIE, FL 33314		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 _____			
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 1:	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P MEDLIN, WILLIAM R 4601 SW 74 TERR DAVIE, FL 33314 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VT MEDLIN, LAUREN 4601 SW 74 TERR DAVIE, FL 33314 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VS MEDLIN, SHANNON 4601 SW 74 TERR DAVIE, FL 33314 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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)(a), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and correct and that I, the undersigned, shall have the authority to file this report or supplemental report, that I am an officer or director of the corporation or the registered agent empowered to execute this report as required by Chapter 600, Florida Statutes, and that my name appears in Block 10 or Block 11 or changed or on an attachment with an address, with all other like entries.			
SIGNATURE: 		4/18/05 954-347-1799	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR			