

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90081 003 ***158.75

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01242005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000091272 1. Entity Name GARCIA QUARTER HORSES, INC.																																																																																																																																																																																			
Principal Place of Business 8050 NW 30TH ST HOLLYWOOD, FL 33024			Mailing Address 8050 NW 30TH ST HOLLYWOOD, FL 33024																																																																																																																																																																																
2. Principal Place of Business 4040 Newberry Rd Suite, Apt. #, etc. 950 B		3. Mailing Address 4040 Newberry Rd. Suite, Apt. #, etc. 950 B		4. FEI Number 20-1337687 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																																															
City & State Gainesville, Florida Zip 32607		City & State Gainesville, Florida Zip 32607																																																																																																																																																																																	
Country Alachua		Country Alachua																																																																																																																																																																																	
6. Name and Address of Current Registered Agent GARCIA, ALLAN P 8050 NW 30TH ST HOLLYWOOD, FL 33024		7. Name and Address of New Registered Agent Name Allan P. Garcia Street Address (P.O. Box Number is Not Acceptable) 4040 Newberry Rd. STE 950B City Gainesville																																																																																																																																																																																	
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 <u><i>Allan P. Garcia</i></u> DATE <u>2-26-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																																																			
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																																																																																																																																																																																
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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: <u><i>Allan P. Garcia</i></u> DATE <u>2-26-05</u> 352-378-0039 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																																																																			