


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90049 048 ***150.00

DOCUMENT # P04000091272 1. Entity Name GARCIA QUARTER HORSES, INC.	
--	---

Principal Place of Business 3707 NW 110TH AVENUE OCALA, FL 34482	Mailing Address 3707 NW 110TH AVENUE OCALA, FL 34482
--	--

40023427



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02162007 Chg-P CR2E034 (12/06)

4. FEI Number 20-1337687	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 GARCIA, ALLAN P 4040 NEWBERRY RD STE 950B GAINESVILLE, FL 32607	7. Name and Address of New Registered Agent Name <u>GARCIA, ALLAN P.</u> Street Address (P.O. Box Number is Not Acceptable) <u>3707 NW 110th Ave</u> City <u>OCALA</u> FL Zip Code <u>34482</u>
--	---

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--	------------------------------------

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	D			NAME			
STREET ADDRESS	GARCIA, ALLAN P			STREET ADDRESS			
CITY-ST-ZIP	3707 NW 110TH AVENUE			CITY-ST-ZIP			
	OCALA, FL 34482						

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: *[Signature]* **2-19-07** **352-401-0063**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #