## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE:

## **FILED** Mar 16, 2005 8:00 am Secretary of State

DOCUMENT # P04000100019  1. Entity Name FEINHARDT DRESSAGE HORSES, INC.								03-16-2005 9	0031 0	01 ***15	60.00
Principal Place	e of Busines	s		Mailing Address		•					
3218 ALCOTT AVENUE				3218 ALCOTT AVENUE							
PLANT CITY, FL 33567				PLANT CITY, FL 33567							
								E EUR EUT IL EETTU E EUR DATEU	JIBRI 8016 BI	JIR <b>Buit</b> i il <b>eis</b> #	BIITRI IL 1881
2. Principal Place of Business				3. Mailing Address			1				
							)		11841 BB111 B3	)    <b>  -   </b>	3((88) (F) (82)
Suite, Apt. #, etc.				Suite, Apt. #, etc.			01162005	Chg-P	CR2EC	34 (10/03)	ı
City & State				City & State			4. FEI Numbe	er	<u> </u>	I A	pplied For
						56-6	147363	<u> </u>	N	lot Applicable	
Zip		Country		Zip	Cour	itry	5. Certificate	of Status Desired		\$8.75 Ad Fee Require	
6. Name and Address of Current I			Current Re	gistered Agent	1	7. Name and	Address of New Re	gistered .			
			-		-Name -						
FEIN, LISA M 3218 ALCOTT AVENUE PLANT CITY, FL 33567						Street Address (P.O. Box Number is Not Acceptable)					
FLANT CITT, FL 33307											
						City			FL	Zip Cod	de
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											, and accept
the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
UATE DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.							.00 May Be ed to Fees				٠
10.		OFFICE	RS AND DII	RECTORS	11.	•	ADDITIONS/	CHANGES TO OFFIC	CERS AND	DIRECTOR	RS IN 11
TITLE	D			☐ Delete	TITL	E				☐ Change	☐ Addition
NAME	FEIN, LISA M				E						
STREET ADDRESS CITY-ST-ZIP	3218 ALCOTT AVENUE PLANT CITY, FL 33567					EET ADDRESS - ST - ZIP					
TITLE		,		☐ Delete	TITL			<del></del>		☐ Change	Addition
NAME				□ beleic	NAM						☐ Audition
STREET ADDRESS						EET ADDRESS					
CITY-ST-ZIP					CITY	-ST-ZIP					
TITLE				☐ Delete	TITL	·				☐ Change	Addition
name Street address					NAM STRE	ET ADORESS					
CITY-ST-ZIP	<del>-</del>	-	. •	* .	2	-ST-ZIP		•	=		
TITLE				☐ Delete	TITL	E				☐ Change	☐ Addition
NAME					NAM	1					•
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST - ZIP					
TITLE				☐ Delete	TITL					Channa	Addition
NAME				L'1 Delete	NAM	<b>I</b>				☐ Change	☐ Addition
STREET ADDRESS					STRE	ET ADORESS					
CITY-ST-ZIP	ļ				CITY	-ST-ZIP					
TITLE	į			☐ Delete	TITL	1				Change	Addition
NAME Street address					NAM STRE	ET ADDRESS				-	
CITY-ST-ZIP						-ST-ZIP					i
12. I hereby	certify that th	e information supr	olied with th	is filing does not qualify fo	r the exe	mption stated in Se	ection 119.07(3)(	i), Florida Statutes. I	urther cer	tify that the	information
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.											