2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2009
Secretary of State

DOCUMENT# P04000109362

Entity Name: FIREHORSE RANCH LIVESTOCK, INC

Current Principal Place of Business:

250 DEER RUN RD
OSTEEN, FL 32764

New Principal Place of Business:

Current Mailing Address:

PO BOX 11
OSTEEN, FL 32764

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLEMENS, MICHAEL P
250 DEER RUN RD
OSTEEN, FL 32764 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CLEMENS, MICHAEL P
Address: 250 DEER RUN RD
City-St-Zip: OSTEEN, FL 32764

Title: VP, ( ) Delete
Name: CLEMENS, CINDI B
Address: 250 DEER RUN RD
City-St-Zip: OSTEEN, FL 32764

Title: ST (X) Delete
Name: RHODEN, J. SHANE
Address: 250 DEER RUN RD
City-St-Zip: OSTEEN, FL 32764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CLEMENS, MICHAEL P
Address: 250 DEER RUN RD
City-St-Zip: OSTEEN, FL 32764

Title: VPD (X) Change ( ) Addition
Name: CLEMENS, CINDI B
Address: 250 DEER RUN RD
City-St-Zip: OSTEEN, FL 32764

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL CLEMENS PD 05/02/2009

Electronic Signature of Signing Officer or Director Date