

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000121096

FILED
Feb 16, 2006
Secretary of State

Entity Name: PREPPY'S TIE DOWNS INC

Current Principal Place of Business:

5357 MUSCOVY ROAD
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

5357 MUSCOVY RD
MIDDLEBURG, FL 32068

New Mailing Address:

PO BOX 2460
MIDDLEBURG, FL 32050

FEI Number: 20-1521215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSKOP, JEREMIAH
5357 MUSCOVY RD
MIDDLEBURG, FL 32068 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROSKOP, JEREMIAH
Address: 5357 MUSCOVY RD
City-St-Zip: MIDDLEBURG, FL 32068

Title: V () Delete
Name: MCCRACKEN, PATRICK
Address: 258 N. CR 315
City-St-Zip: INTERLACKEN, FL 32148

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: MCCRACKEN, PATRICK
Address: 5357 MUSCOVY ROAD
City-St-Zip: MIDDLEBURG, FL 32068

I hereby certify that the information supplied with this filing does not qualify for the 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: JEREMIAH J ROSKOP

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02/16/2006

Electronic Signature of Signing Officer or Director

_____ Date