

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000145400

**FILED**  
**Mar 24, 2009**  
**Secretary of State**

**Entity Name:** STONEGATE SADDLEBREDS, INCORPORATED

**Current Principal Place of Business:**

11470 TROTting DOWN DRIVE  
ODESSA, FL 33556

**New Principal Place of Business:**

11470 TROTting DOWN DRIVE  
SUITE 404  
ODESSA, FL 33556

**Current Mailing Address:**

11470 TROTting DOWN DRIVE  
ODESSA, FL 33556

**New Mailing Address:**

11470 TROTting DOWN DRIVE  
SUITE 404  
ODESSA, FL 33556

**FEI Number:** 27-0108621

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARCIA, TRACY  
11470 TROTting DOWN DRIVE  
ODESSA, FL 33556 US

**Name and Address of New Registered Agent:**

GARCIA, TRACY A  
11470 TROTting DOWN DRIVE  
SUITE 404  
ODESSA, FL 33556 US

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:** TRACY GARCIA

03/24/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PST ( ) Delete  
**Name:** GARCIA, TRACY  
**Address:** 11470 TROTting DOWN DRIVE  
**City-St-Zip:** ODESSA, FL 33556

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PST (X) Change ( ) Addition  
**Name:** GARCIA, TRACY A PRES  
**Address:** 11470 TROTting DOWN DRIVE  
**City-St-Zip:** ODESSA, FL 33556

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:** TRACY A. GARCIA

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03/24/2009

Electronic Signature of Signing Officer or Director

Date