

2005 FOR PROFIT CORPORATION ANNUAL REPORT


APPROVED
AND
FILED

09-08-2005 90071 023 ***150.00
P04000145839

05 OCT -6 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P04000145839			
1. Entity Name THE HAPPY HORSE FEED & WESTERN WEAR CO.		Principal Place of Business 2130 WEST KING STREET COCOA, FL 32926 US	
Mailing Address 2130 WEST KING STREET COCOA, FL 32926 US		2. Principal Place of Business	
Suite, Apt. #, etc.		3. Mailing Address	
City & State		Suite, Apt. #, etc.	
Zip		City & State	
Country		Zip	
Country		Country	
4. FFI Number 30-0279515		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRINKLEY BISSINGER, MARTHA JANE 2130 WEST KING STREET COCOA, FL 32926		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
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 resigning) DATE _____			
FILE NOW! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRINKLEY BISSINGER, MARTHA JANE 2130 WEST KING STREET COCOA, FL 32926 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition K. Baker OCT 06 2005
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
SIGNATURE: Martha Jane Brinkley-Bissinger		Date: Sept. 6, 2005 324 636-1515	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	