


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90049 039 ***150.00

DOCUMENT # P04000164273			
1. Entity Name SANDRA VAUGHN QUARTER HORSES, INC.			
Principal Place of Business 10220 N US HWY 27 OCALA, FL 34482		Mailing Address POB 1208 HERNANDO, FL 34442	
2. Principal Place of Business - No P.O. Box # 7650 N Whippoorwill Terr		3. Mailing Address 7650 N Whippoorwill Terr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hernando FL		City & State Hernando FL	
Zip 34442		Country USA	
Zip 34442		Country USA	
4. FEI Number 65-1237888		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 VAUGHN, SANDRA 10220 N US HWY 27 OCALA, FL 34482		7. Name and Address of New Registered Agent Name Sandra Vaughn Street Address (P.O. Box Number is Not Acceptable) 7650 N Whippoorwill Terr. City Hernando FL Zip Code 34442	
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 re-registering) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAUGHN, SANDRA 10220 N US HWY 27 OCALA, FL 34482 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President 7650 N Whippoorwill Terr. Hernando FL 34442 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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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
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Sandra Vaughn</u>		4/8/08 3522289145	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	