


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90050 017 ***150.00

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1. Entity Name
 HITCH N POST WESTERN WEAR AND EQUINE SUPPLY, INC.



Principal Place of Business
 3625 SOUTH WASHINGTON AVENUE
 TITUSVILLE, FL 32780

Mailing Address
 2675 BROCKETT ROAD
 MIMS, FL 32754

DO NOT WRITE IN THIS SPACE

40023407



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number 05-0613733	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

JOHNSON, MELISSA
 2675 BROCKETT ROAD
 MIMS, FL 32754

DO NOT WRITE IN THIS SPACE

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 *Melissa Johnson* DATE _____
Signature typed or printed name of registered agent, and, if applicable, (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JOHNSON, MELISSA 2675 BROCKETT ROAD MIMS, FL 32754
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DO NOT WRITE IN THIS SPACE

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 *Melissa Johnson* DATE *1-30-07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #