

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000014843**

1. Entity Name

NEPENTHE STABLE & FARM, INC.



Principal Place of Business

14600 SUNSET LANE  
SW RANCHES, FL 33330-3414

Mailing Address

14600 SUNSET LANE  
SW RANCHES, FL 33330-3414



04202008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-2265976

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MORRIS, WYN J  
14600 SUNSET LANE  
SW RANCHES, FL 33330-3414

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees ☐

U000000918847  
05/13/08-80097-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MORRIS, WYN J
STREET ADDRESS	14600 SUNSET LANE
CITY-ST-ZIP	SW RANCHES, FL 333303414
TITLE	VST
NAME	MORRIS, BRIAN W
STREET ADDRESS	14600 SUNSET LANE
CITY-ST-ZIP	SW RANCHES, FL 333303414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-08 954/880-0400  
Date Daytime Phone #