## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## FILED Mar 16, 2007 08:00 A DOCUMENT # P05000087132 **Secretary of State** 1. Entity Namo HORSE TACK & MORE, INC. Mailing Address Principal Place of Business 17507 MARSH ROAD 1635 N DALE MABRY HWY **LUTZ FL 33558** LUTZ FL 33548 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 1st MOORE CR2E034 (10/06) Applied For City & State City & Stato 4. FEI Number 20-3009841 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHUPP, ANNE Street Address (P.O. Box Number is Not Acceptable) 17507 MARSH ROAD LUTZ FL 33558 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 reinstating) DATE Signature, typed or printed name of registered agent and fille if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Change Addition DILL ☐ Delete 11131 U00000668603 SCHUPP, ANNE NAME NAME 03/27/07-80033-012 150.00 17507 MARSH ROAD STREET ADDRESS STREET ADDRESS **LUTZ FL 33558** CITY-SI-7IP CITY-ST-ZIP Change ☐ Addition ☐ Defete PEREZ, SHAY M MAMI 17507 MARSH ROAD STREET ADDRESS. STREET ADDRESS **LUTZ FL 33558** CHY-SI-7IP CITY-ST-ZiP ☐ Change - - ☐ Addision Dolete . THEF, SCHUPP, ANNE NAME NAME 17507 MARSH ROAD STREET LADORESS STREET ADDRESS **LUTZ FL 33558** CITY-ST-7IP CITY-S1-7IP ☐ Change Addition ☐ Delete TITLE SCHUPP, ANNE NAMi NAME 17507 MARSH ROAD STREET ADDRESS STINET ADDRESS **LUTZ FL 33558** CITY-ST-ZIP CITY ST-ZIP ☐ Change ■ Addition ☐ Delete 1000 TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CHY+SI-7IP CITY - ST - ZWP ☐ Change Addition THUE ☐ Delete TATLE NAMI STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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. March 13 a007 813-362-5155

**SIGNATURE**