

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

RECEIVED  
Feb 13, 2007 08:00 AM  
Secretary of State

DOCUMENT # P05000102845



1. Entity Name

COURBETTE SADDLERY CO., INC.

Principal Place of Business

1719 TRADE CENTER WAY STE #2  
NAPLES FL 34109

Mailing Address

1719 TRADE CENTER WAY STE #2  
NAPLES FL 34109



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 20-3584418

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHERNOFF, HOLLY ESQ  
2335 TAMiami TRAIL NORTH STE 409  
NAPLES FL 34103

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HAUSER, HARRY	
STREET ADDRESS	3830 HUELVA COURT	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOESSLI, ARTHUR	
STREET ADDRESS	HEINZENBERGSTRASSE, CH-7421 SUMMAPRADA	
CITY-ST-ZIP	SWITZERLAND	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAUSER, ANGELA M	
STREET ADDRESS	3830 HUELVA COURT	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000634041  
02/21/07-80088-017 150.00

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 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: Harry Hauser, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/07/2007 239-592-9401

Date

Daytime Phone