

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000107907

1. Entity Name
WILLOWWOOD STABLES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 15 PM 4:13

Principal Place of Business
~~350 IDA ST.~~
PALM HARBOR, FL 34683

Mailing Address
~~350 IDA ST.~~
PALM HARBOR, FL 34683

REINSTATEMENT 06

2. Principal Place of Business
1430 N.W. 114th Loop
Suite, Apt. #, etc.

3. Mailing Address
1430 N.W. 114th Loop
Suite, Apt. #, etc.

11012006 REIN-P CR2E098 (11/05)

City & State
Ocala, Fla
Zip
34475
Country
marion

City & State
Ocala, Fla
Zip
34475
Country
marion

4. FEI Number
03-0584082
Applied For
Not Applicable

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

WRIGHT, LOUISA M
1430 NW 114TH LOOP
OCALA, FL 34475

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WRIGHT, LOUISA M
1430 NW 114TH LOOP
OCALA, FL 34475 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100081816371
11/15/06--01047--006 **\$150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP T
WRIGHT, SHANNON L
1430 NW 114TH LOOP
OCALA, FL 34475 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
DEBIEN, DOUGLAS J
~~350 IDA ST.~~
~~PALM HARBOR, FL 34683~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Doug Debien, J
1430 N.W. 114th Loop
34475 Ocala, FL ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-6-06 (352-)
484-8487
Date Daytime Phone #