


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90224 012 ***158.75

DOCUMENT # P05000115370 1. Entity Name ARBORDALE RIDING ACADEMY, INC.					
Principal Place of Business 7209 MUSHINSKI RD. TAMPA, FL 33625			Mailing Address 7209 MUSHINSKI RD. TAMPA, FL 33625		
2. Principal Place of Business 7209 Mushinski Rd		3. Mailing Address 7209 Mushinski Rd.		4. FEI Number 204014590	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State Tampa FL		City & State Tampa FL		6. Name and Address of Current Registered Agent WHITING, ANDREA M 8307 W. POCAHONTAS AVE. TAMPA, FL 33615	
Zip 33625		Country Hillsborough		7. Name and Address of New Registered Agent Name: Andrea M. Whiting Street Address (P.O. Box Number is Not Acceptable): 7207 Mushinski Rd. City: Tampa FL Zip Code: 33625	
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: <u>Andrea M. Whiting</u> DATE: <u>4/25/2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITING, ANDREA M 8307 W. POCAHONTAS AVE. TAMPA, FL 33615	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Andrea M. Whiting Andrea M. Whiting 7207 Mushinski Rd. Tampa FL 33625
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: <u>Andrea M. Whiting</u> DATE: <u>4/25/2006</u> 813-928-4322 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					