2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 11, 2006 8:00 am
Secretary of State
08-18-2006 90077 019 ***150.00

DOCUMENT # P05000124181

1. Entity Name
SHANNON'S EQUINE MASSAGE THERAPY INC.

Principal Place of Business	Mailing Address
300 S.W. 136TH AVE MIAMI FL 33184 US	300 S.W. 136TH AVE MIAMI FL 33184 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE CR2E034 (4/06)

4. FEI Number 20-3517607 ☐ 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
WELTER, SHANNON 300 S.W. 136TH AVE MIAMI FL 33184	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 $550.00
DUE BY September 6, 2006
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☑

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P WELTER, SHANNON 300 S.W. 136TH AVE MIAMI FL 33184	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Shannon Welter 8/14/06 (954)446-2499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

66023940
#P05000124181

8/14/06

To Whom It May Concern,

I never recieved the postcard in the mail to fill out the annual report. I recieved the annual report in the mail this week & phoned the company. They told me to inform you that I never recieved the post card & to send 150 $ & fill out the annual report. If you have any questions please call me at (904) 448-2499

Thank You
Shannon Wetter

ATTACHMENT

66023940

#P05000124181

To Whom It May Concern,

I am sorry for giving you the wrong number (FEI Number) I wrote the correct number now if I need to fill it out on another sheet then please send me one. Thank you & I am sorry for any inconvenience.

Shannon Welter