

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

07-24-2007 90041 044 ***150.00
P05000124181

DOCUMENT # P05000124181

1. Entity Name

SHANNON'S EQUINE MASSAGE THERAPY INC.



Principal Place of Business

300 S.W. 136TH AVE
MIAMI FL 33184
US

Mailing Address

300 S.W. 136TH AVE
MIAMI FL 33184
US

FLORIDA STATE
TALLAHASSEE, FLORIDA



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 20-3517607

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

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 fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME WELTER, SHANNON
STREET ADDRESS 300 S.W. 136TH AVE
CITY- ST- ZIP MIAMI FL 33184

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

REINSTATEMENT 2007

TITLE ☐ Delete
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/07 786-295-2604

Date

Signing Phone #

Att: Michelle Milligan

10/29/07

ch

To Whom it may concern

I am writing this letter because I did not receive the annual report notice until July 17, 2007. Nor, did I receive a letter of rejection requesting a late fee. However, I am requesting a waiver of any penalty fees.

Thank You
Shannon Wetter

Shannon's Equine Massage Therapy Inc.
Document # P05200124181