

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90379 002 \*\*\*150.00

DOCUMENT # P05000135744

1. Entity Name  
SOUTH FLORIDA EQUESTRIAN CENTER, INC.



Principal Place of Business  
19800 SKIPPER RD.  
N. FORT MYERS, FL 33917

Mailing Address  
19800 SKIPPER RD.  
N. FORT MYERS, FL 33917

40074633



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number  
20-3600529

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

BELANGER, TERESA  
19800 SKIPPER RD.  
N. FORT MYERS, FL 33917

Name  
Katherine Laurine Belanger  
Street Address (P.O. Box Number is Not Acceptable)  
18154 Sandy Pines Circle  
City N. Ft. Myers FL Zip Code 33917

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 Katherine L. Belanger 4-21-06  
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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME BELANGER, TERESA ☐ Delete  
STREET ADDRESS 19800 SKIPPER RD.  
CITY-ST-ZIP N. FORT MYERS, FL 33917

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☐ Change ☒ Addition  
NAME Katherine Laurine Belanger  
STREET ADDRESS 18154 Sandy Pines Circle  
CITY-ST-ZIP N. Ft. Myers, FL 33917

TITLE Vice President ☐ Change ☒ Addition  
NAME Teresa Nicole Belanger  
STREET ADDRESS 19800 Skipper Rd.  
CITY-ST-ZIP N. Ft. Myers, FL 33917

TITLE Treasurer ☐ Change ☒ Addition  
NAME Katherine Laurine Belanger  
STREET ADDRESS 18154 Sandy Pines Circle  
CITY-ST-ZIP N. Ft. Myers, FL 33917

TITLE Secretary ☐ Change ☒ Addition  
NAME Teresa Nicole Belanger  
STREET ADDRESS 19800 Skipper Rd.  
CITY-ST-ZIP N. Ft. Myers, FL 33917

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

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

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: Katherine L. Belanger 4-21-06 239-593-  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 7752