

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000135744

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA EQUESTRIAN CENTER, INC.

**Current Principal Place of Business:**

19800 SKIPPER RD.  
N. FORT MYERS, FL 33917

**New Principal Place of Business:**

**Current Mailing Address:**

9491 BAYSHORE RD.  
N. FORT MYERS, FL 33917

**New Mailing Address:**

**FEI Number:** 20-3600529

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BELANGER, KATHERINE L  
9491 BAYSHORE RD.  
NORTH FORT MYERS, FL 33917 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VPS  
Name: BELANGER, TERESA  
Address: 9491 BAYSHORE RD.  
City-St-Zip: N. FORT MYERS, FL 33917

Title: PT  
Name: BELANGER, KATHERINE L  
Address: 9491 BAYSHORE RD  
City-St-Zip: NORTH FORT MYERS, FL 33917

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHERINE LAURINE BELANGER

PT

01/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date