

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000045308

FILED
Mar 05, 2007
Secretary of State

Entity Name: THE EQUESTRIAN CENTER OF CLERMONT, INC.

Current Principal Place of Business:

11829 C.R. 561
CLERMONT, FL 34711

New Principal Place of Business:

11829 C.R. 561 S.
CLERMONT, FL 34711

Current Mailing Address:

15428 THOROUGHbred LANE
MONTEVERDE, FL 34756

New Mailing Address:

15428 THOROUGHbred LANE
MONTVERDE, FL 34756

FEI Number: 16-1754956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBER, WESLEY BLAKE
15428 THOROUGHbred LANE
MONTEVERDE, FL 34756 US

Name and Address of New Registered Agent:

BARBER, WESLEY BLAKE
15428 THOROUGHbred LANE
MONTVERDE, FL 34756 US

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:

03/05/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BARBER, WESLEY BLAKE
Address: 15428 THOROUGHbred LANE
City-St-Zip: MONTEVERDE, FL 34756

Title: VP () Delete
Name: PEREZ-BARBER, MIRIAM
Address: 15428 THOROUGHbred LANE
City-St-Zip: MONTEVERDE, FL 34756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BARBER, WESLEY BLAKE
Address: 15428 THOROUGHbred LANE
City-St-Zip: MONTVERDE, FL 34756

Title: VP (X) Change () Addition
Name: PEREZ-BARBER, MIRIAM
Address: 15428 THOROUGHbred LANE
City-St-Zip: MONTVERDE, FL 34756

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MIRIAM PEREZ-BARBER

VP

03/05/2007

Electronic Signature of Signing Officer or Director

Date