


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

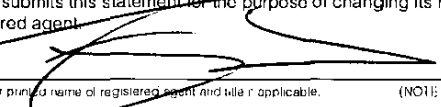
FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90140 020 ***158.75

DOCUMENT # P06000049323			
1. Entity Name WELLINGTON EQUINE SERVICES, INC.			
Principal Place of Business 14011 VERONICA COURT WELLINGTON FL 33414		Mailing Address 14011 VERONICA COURT WELLINGTON FL 33414	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent OTT, TERRY L 14011 VERONICA COURT WELLINGTON FL 33414		7. Name and Address of New Registered Agent Name OTT, TERRY, L. Street Address (P.O. Box Number is Not Acceptable) 3322 HANOVER CIRCLE City LOXAHATCHEE FL Zip Code 33470	
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 		DATE 3/20/07	

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OTT, TERRY L 14011 VERONICA COURT WELLINGTON FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	OTT, TERRY, L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3322 HANOVER CIRCLE LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURES  **TERRY L. OTT** **3/20/07** **561 798 5545**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #