

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90045 020 ***150.00

DOCUMENT # P06000108054

1. Entity Name
J & M EQUESTRIAN PARK, INC.



Principal Place of Business
**13910 U.S. 98 NORTH
KATHLEEN, FL 33849**

Mailing Address
**611 SCHOOLHOUSE ROAD
LAKE LAND, FL 33813**



01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5803046	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SAUNDERS, THOMAS C
480 SOUTH BROADWAY AVENUE
BARTOW, FL 33830**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable (NOTE: Registered Agent signature required when renaming) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	ARNETT, MICHAEL
STREET ADDRESS	4255 OLD NINE FOOT ROAD
CITY-ST-ZIP	EAGLE LAKE, FL 33839
TITLE	D
NAME	ARNETT, JANICE <i>Delete</i>
STREET ADDRESS	4255 OLD NINE FOOT ROAD
CITY-ST-ZIP	EAGLE LAKE, FL 33839
TITLE	D
NAME	SAUNDERS, THOMAS C
STREET ADDRESS	4271 OLD NINE FOOT ROAD
CITY-ST-ZIP	EAGLE LAKE, FL 33839
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Michael H. Arnett* **Michael H. Arnett** 01/16/08 863/644-9702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date E-File Phone #