## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 16, 2007 8:00 am Secretary of State 04-16-2007 90062 049 \*\*\*150.00

## Against Advances   Against Advances   Against Advances   Against Advances   Against Advances   Against Against Against Against   Against Ag	DOCUMENT # P06000118421  1. Entity Name KEVIN'S FARRIER SERVICE INC						04-16-2007 9	0002 049 ****I30	J.00
OKECHOBEE, FL 34974	Principal Place	e of Business	Mailing Address			0 0	c1926		
A   File   Number   File   Suite   Apt   F, etc.   Cety & State   Cety & Cety & State   Cety & Cety & State   Cety & State   Cety & Cety & State   Cety & Cety & State   Cety & Cety & Cety & State   Cety & Cety & Cety & Cety & Cety & Cety & State   Cety & C	14120 SE 38TH STREET		14120 SE 38TH STREET			400	91250		
A   File   Number   File   Suite   Apt   F, etc.   Cety & State   Cety & Cety & State   Cety & Cety & State   Cety & State   Cety & Cety & State   Cety & Cety & State   Cety & Cety & Cety & State   Cety & Cety & Cety & Cety & Cety & Cety & State   Cety & C		<del></del>					1111 <b>1</b> 111 1111 1111 1111		
City & State  Ci	2. Principal Place of Business - No P.O. Box #		3. Mailing Address				0   <b>5</b>   0     0		
Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04052007	Chg-P	CR2E034 (12/06)		
Country	City & State		Cily & State		4. FEI Number	-554 NI	1-30 N	·	
BIRAN C HERNDON, PA 84 18 S US HWY 1 LAKES PLAZY PORT ST LUCIE, FL 34952  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Discourage   Paper   Paper   Paper   Paper   Paper   Paper	Zip	- Country Zip Cou		Coun	try			□ \$8.75 Ad	ditional
Name		6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New R		:u
SIGNATURE    City   Cit	<del></del>				Name				
City   FL   Zip Code	8418 \$ US HWY 1				Street Address	s (P.O. Box Numbe	is Not Acceptable	•)	
The above named entity submits this statement for the purpose of changing its registered efficient registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Interest									
SIGNATURE    Signature   File   Now     FEE IS \$150.00   After May 1, 2007 Fee will be \$550.00					City			FL Zip Coo	ie
TILE NOW!!! FEE IS \$150.00 After Ms 1, 2007 Fee will be \$550.00 Prost Transform Cornel when remarking   \$55.00 May Be Added to Fees   \$55.00 May Be Added t			or the purpose of changing	its register	ed office or regis	itered agent, or both	, in the State of Flo	rida. I am familiar with	, and accept
ARTOR May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.	SIGNATURE	Signature, typed or printed name of registered ager	n and title if applicable. (N	IOTE: Registere	d Agent signature requ	wed when reinstating)	***	DATE	
TITLE NAME PEADEN, KEVIN 14120 SE 38TH STREET OKEECHOBEE, FL 34974  TITLE NAME STREET ADDRESS CITY-S1-ZIP	FIL After Ma	E NOW!!! FEE IS \$150.00 By 1, 2007 Fee will be \$550					- 10 10		
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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	12. I hereby	I certify that the information supplied w	th this filing does not qualify	for the ex	emptions contain	ned 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 cath; 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.