2008 FOR PROFIT CORPORATION

ANNUAL REPORT

FILED May 22, 2008 08:00 AN Secretary of State

DOCUMENT # P0600 1. Enlity Name STONEWOOD STABLES OF		
Principal Place of Business	Mailing Address	
12885 WEST HWY 40 OCALA, FL 34481	P.O. BOX 263 ODESSA, FL 33556	

Principal Place 12885 WEST OCALA, FL 3		Mailing Address P.O. BOX 263 ODESSA, FL 33556				
A Cartin	O NOT WRITE		CE		Chg-P CR2E(34 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
	DEK, JAMES ST HWY 40 L 34481			S. 70 S. 1975	T WRITE S SPACE	
the obligat	named entity submits this statement for the ions of registered agent. Signature, typed or printed name of registered agent and to the interest of the interes		ed Agent signalure required	-	State of Florida I am	familiar with, and accept
After Ma	ay 1, 2008 Fee will be \$550.00	Trust Fund Contribution.		ed to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR P NOORDHOEK, JAMES 12885 WEST HWY 40 OCALA, FL 34481	CTORS		06	./04/08-8005	72 6-004 150.00
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NAME STREET ADDRESS CITY-S1-ZIP				IN THIS	S SPACE	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR