2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2008 8:00 am Secretary of State

DOCUMENT # P06000144085 1. Entity Name RWT EQUESTRIAN, INC.							04-04-2008 90	0031 015	***150.	00
Principal Place of Business Mailing Address						4005	4432			
17257 GULF PINE CIR			17257 GULF PINE CIR			3000	J304			
WELLINGTON, FL 33414			WELLINGTON, FL 33414			,			٠	
						LANGER HE	EGNA ŽĖJU ERGI PRIM ADIS	NI IONO NINO MARK	ARIEN JETOL AN	H AT 2 H 2 00 1
Principal Place of Business - No P.O. Box # 3. Mailing Address										
2. Principal Place of Business - No P.O. Box #			3. Maling Address			1	ENNO ANTH ENUN NOUN CON	LA ALBAN CONTA DANS		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03042008	Chg-P	CR2E03	4 (12/06)	
City & State			City & State			4. FEI Number 20-5896				plied For t Applicable
Zip Country				try	¢9.75					
		_	<u> </u>			5. Certificate	of Status Desired		ee Require	
	6. Name and Address of Cu	rrent Regist	ered Agent		7. Name and Address of New Registered Agent					
TEVEL D	VMOND W				Name					
TEXEL, RAYMOND W 17257 GULF PINE CIR				Street Address (P.O. Box Number is Not Acceptable)						
	TON, FL 33414						_			
				City			FL	Zip Code	е	
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 reinstating) DATE										
FIL After Ma	E NOW!!! FEE IS \$150.0 ay 1, 2008 Fee will be \$	0 550.00	9. Election Campa Trust Fund Con			.00 May Be ded to Fees				
10. OFFICERS AND			TORS		ADDITIONS/	CHANGES TO OFF	ICERS AND (DIRECTORS	S IN 11	
TITLE	D		☐ Delete	TITL	E				Change	☐ Addition
NAME	TEXEL, RAYMOND W			NAM	-				,	
STREET ADDRESS				ET ADDRESS - ST-ZIP						
	WELLINGTON, PL 33414		Delete	TITL					Change	☐ Addition
TITLE NAME			□ Deiete	NAM				,	Change	☐ Addition
STREET ADDRESS					ET ADDRESS					ı
ÇITY-ST-ZIP				CITY	-ST-ZIP					
TITLE			☐ Delete	TITL	:				☐ Change	Addition
NAME	,			NAM						
STREET ADDRESS	·		- ·		ET ADDRESS -ST-ZIP					i
CITY+ST-ZiP									Change	☐ Addition
TITLE NAME	,		☐ Delete	TITLI					Change	☐ Addition
STREET ADDRESS					ET AODRESS					
CITY-ST-ZIP				CITY	-ST-ZIP					
TITLE		<u>-</u>	☐ Delete	TITL					Change	Addition
NAME				NAM						,
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP					
TITLE		·	☐ Delete	TITL					☐ Change	Addition
NAME			- Delete	NAM	l l			'		
STREET ADDRESS				STRE	ET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
12. I hereby of indicated	certify that the information supplied on this report or supplemental re	ed with this fi eport is true a	ling does not qualify fund accurate and that	or the ex my signa	emptions containe ture shall have the	d in Chapter 119 same legal effec	, Florida Statutes. I t as if made under o	further certifoath; that I an	y that the in n an officer	ntormation or director
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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter do not not appear with a production of the corporation of the receiver of trustees.										

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) W. Texel 4/1/08.