2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# P07000098737

Entity Name: HORSE AND CARRIAGE RIDES AND EVENTS, INC.

Current Principal Place of Business:

3898 161ST TERRACE NORTH
LOXAHATCHEE, FL 33470

New Principal Place of Business:

25651 SW TOMMY CLEMENTS STREET
INDIANTOWN, FL 34956

Current Mailing Address:

3898 161ST TERRACE NORTH
LOXAHATCHEE, FL 33470

New Mailing Address:

25651 SW TOMMY CLEMENTS STREET
INDIANTOWN, FL 34956

FEI Number: 74-3232089 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STITT, ROBERT
3898 161ST TERRACE NORTH
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

STITT, ROBERT L
25651 SW TOMMY CLEMENTS STREET
INDIANTOWN, FL 34956 US

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.

SIGNATURE: ROBERT L. STITT 02/04/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: STITT, ROBERT L
Address: 3898 161SR TERRACE NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: STITT, ROBERT L
Address: 25651 SW TOMMY CLEMENTS STREET
City-St-Zip: INDIANTOWN, FL 34956

Title: VP ( ) Change (X) Addition
Name: SILVERNAIL, BRIAN
Address: P.O. BOX 25
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. STITT P 02/04/2009
Electronic Signature of Signing Officer or Director Date