

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000098737

FILED  
Apr 19, 2010  
Secretary of State

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

**Current Principal Place of Business:**

25651 SW TOMMY CLEMENTS STREET  
INDIANTOWN, FL 34956

**New Principal Place of Business:**

13101 COLLECTING CANAL ROAD  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

25651 SW TOMMY CLEMENTS STREET  
INDIANTOWN, FL 34956

**New Mailing Address:**

13101 COLLECTING CANAL ROAD  
LOXAHATCHEE, FL 33470

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

STITT, ROBERT L  
13101 COLLECTING CANAL ROAD  
LOXAHATCHEE, FL 33470 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 STITT

04/19/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: STITT, ROBERT L  
Address: 13101 COLLECTING CANAL ROAD  
City-St-Zip: LOXAHATCHEE, FL 33470

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT STITT

PRES

04/19/2010

Electronic Signature of Signing Officer or Director

Date