


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000126831	
1. Entity Name ONE HUNDRED HORSEMEN, INC.	

FILED
08 MAR 19 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1543 SAN LUIS RD TALLAHASSEE, FL 32304	Mailing Address 1543 SAN LUIS RD TALLAHASSEE, FL 32304
--	--


2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

03192008 Chg-P CR2E034 (12/06)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FLETCHER, DIANE H 1543 SAN LUIS RD TALLAHASSEE, FL 32304	7. Name and Address of New Registered Agent Name JERRY R. FLETCHER, JR. Street Address (P.O. Box Number is Not Acceptable) 1543 San Luis Road City Tallahassee FL Zip Code 32304
---	--

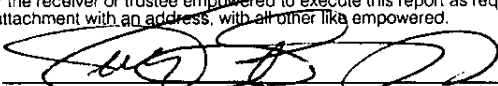
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLETCHER, JERRY R 1543 SAN LUIS RD TALLAHASSEE, FL 32304 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORCORAN, WALTER 1543 SAN LUIS RD TALLAHASSEE, FL 32304 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLETCHER, DIANE W 1543 SAN LUIS RD TALLAHASSEE, FL 32304 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D FLETCHER, JERRY R., JR. 1543 SAN LUIS RD TALLAHASSEE, FL 32304 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  2

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #