

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.
---	---

03192008 Chg-P CR2E034 (12/06)

City & State	City & State
Zip	Country

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	
TITLE: P NAME: FLETCHER, JERRY R STREET ADDRESS: 1543 SAN LUIS RD CITY-ST-ZIP: TALLAHASSEE, FL 32304	<input checked="" type="checkbox"/> Delete
TITLE: S NAME: FLETCHER, DIANE W STREET ADDRESS: 1543 SAN LUIS RD CITY-ST-ZIP: TALLAHASSEE, FL 32304	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: CORCORAN, WALTER STREET ADDRESS: 1543 SAN LUIS RD CITY-ST-ZIP: TALLAHASSEE, FL 32304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S/D NAME: FLETCHER, JERRY R., JR. STREET ADDRESS: 1543 SAN LUIS RD CITY-ST-ZIP: TALLAHASSEE, FL 32304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #