

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90023 031 ***150.00

DOCUMENT # P93000005694 1. Entity Name BRAEBURN EQUESTRIAN CENTER, INC.			
Principal Place of Business 150 SW 118TH AVE PLANTATION, FL 33325		Mailing Address 150 SW 118TH AVE PLANTATION, FL 33325	
2. Principal Place of Business 37351 BAILEY HILL RD Suite, Apt. #, etc.		3. Mailing Address 37351 BAILEY HILL RD Suite, Apt. #, etc.	
City & State DADE CITY, FL Zip 33525		City & State DADE CITY, FL Zip 33525	
Country USA		Country USA	
4. FEI Number 65-0395402		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEZEMYK, ANITA VAN 150 SW 118TH AVE PLANTATION, FL 33325		7. Name and Address of New Registered Agent Name ANITA VAN HEZEWYK Street Address (P.O. Box Number is Not Acceptable) 37351 BAILEY HILL RD City DADE CITY FL Zip Code 33525	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PSD HEZEWYK, ANITA VAN 150 SW 118TH AVE PLANTATION, FL 33325	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"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ANITA L. VAN HEZEWYK 		Date 02/25/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 813 779-9900	