## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 26, 2007 8:00 am Secretary of State DOCUMENT # P93000060597 04-04-2007 90189 023 \*\*\*150.00 1. Entity Name BASSIN EQUINE SERVICES, INC. Principal Place of Business Mailing Address 861 COUNTRY ACRES RD ALFORD FL 32420 861 COUNTRY ACRES RD ALFORD FL 32420 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0423925 Not Applicable Country Zip Country Ziο \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BASSIN, ALLEN 5132 2ND RD. Street Address (P.O. Box Numbor is Not Acceptable) LAKE WÖRTH FL 33467 Zip Code 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 Signature, types or printed name of registered agent and title in amplicable. (NOTE: Registered Agent signature required when remataling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550,00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DHE ☐ Delete ☐ Change ■ Addition BASSIN, ALLEN NAME NAME 861 COUNTRY ACRES RD. STREET ADDRESS STREET ADDRESS ALFORD FL 32420 CITY-SI-7IP CITY ST-7(P HITLE ☐ Delete HEEE Change Addition BASSIN, SUZANNE NAME NAME 861 COUNTRY ACRESS RD. STREET ADDRESS STREET ADDRESS ALFORD FL 32420 CITY-ST-ZIP CHY-SI-7IP ח ח-ורים DITE TOFIE Addition \_\_\_Chance\_ HAME NAME STREET ADDRESS SIREEI ADDRESS CITY-ST-ZIP CITY ST ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME SIREE I ADDRESS STREET ADDRESS CITY-SI-ZIP CHY ST-ZIP Delete шп ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY SI-71P CITY-ST-ZIP TITLE ☐ Defete IIRE ☐ Change Addition NAME NAM STREET ADDRESS STREET ADDRESS

12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Soction 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 offect as if made under eath; 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.

CITY - ST - ZIP

CITY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

Destine Phone #