

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90232 001 ***300.00

DOCUMENT # P94000000767

1. Entity Name

MIAMI BLOODSTOCK AGENCY, INC.



Principal Place of Business

8400 N. U.S. HWY 441
OCALA FL 34475
US

Mailing Address

8400 N. U.S. HWY. 441
OCALA FL 34475
US

66010232



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

9175 NW 60TH AVENUE

Suite, Apt. #, etc.

3. Mailing Address

9175 NW 60TH AVENUE

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

OCALA, FL

4. FEI Number

59-3256238

Applied For

Not Applicable

Zip

34482

Country

USA

Zip

34482

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HICKEY, MARGARET A.
~~8400 N. U.S. HWY 441~~
OCALA FL ~~34475~~

Name

Street Address (P.O. Box Number is Not Acceptable)

9175 NW 60TH AVENUE

City

OCALA

FL

Zip Code

34482

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

Margaret A. Hickey
Signature of registered agent and title if applicable

MARGARET A HICKEY

3/27/05

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HICKEY, PETER N.
STREET ADDRESS ~~8400 N. U.S. HWY 441~~
CITY-ST-ZIP Ocala FL

TITLE DS ☐ Delete
NAME ABSTON, PATRICIA A
STREET ADDRESS ~~8400 N. U.S. HWY 441~~
CITY-ST-ZIP Ocala FL

TITLE T ☐ Delete
NAME HICKEY, MARGARET A.
STREET ADDRESS ~~8400 N. U.S. HWY 441~~
CITY-ST-ZIP Ocala FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 9175 NW 60TH AVENUE
CITY-ST-ZIP Ocala, FL 34482

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 9175 NW 60TH AVENUE
CITY-ST-ZIP Ocala, FL 34482

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGARET A HICKEY, TREASURER

3/27/05

Date

Deputy Phone #

352-933-0013