

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000053163

1. Entity Name

SOUTH FLORIDA EQUINE ASSOCIATES, INC.



Principal Place of Business

**10355 100TH ST S.
BOYNTON BEACH FL 33437
US**

Mailing Address

**10355 100TH ST S.
BOYNTON BEACH FL 33437
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **65-0523417**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GILLARD, GLENN
10355 100TH ST S.
BOYNTON BEACH FL 33437**

7. Name and Address of New Registered Agent

Name

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

City

FL

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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: **GILLARD, GLENN**
STREET ADDRESS: **10355 100TH ST S.**
CITY-STATE-ZIP: **BOYNTON BEACH FL 33437**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
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NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP: **U000000604836
01/30/07-80012-003 150.00**

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME: **Glenn Gillard, V.M.D.**
STREET ADDRESS: **South Florida Equine Assoc. Inc.**
CITY-STATE-ZIP: **10355 100th Street South
Boynton Beach, Florida 33437**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Glenn Gillard VMD **Glenn Gillard VMD** 1-23-07 561-441-2977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #