2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2005 08:00 AN Secretary of State

THE PART OF THE PA	Secretary of State
DOCUMENT # P94000055726	8
1. Entity Name	
C.L.S. QUARTER HORSES INC.	
	<u></u> }
Principal Place of Business Mailing Address	
2170 ARNOLD LN 2170 ARNOLD LN	
MALABAR, FL 32950 US MALABAR, FL 32950 US	
And the second s	THE REPORT OF THE PROPERTY OF
DO NOT WOITE IN THIS COACE	04052005 No Chg-P CR2E034 (10/03)
DO NOT WRITE IN THIS SPACE	4. FE! Number Applied For
	59-3310835 Not Applicable
	5. Certificate of Status Desired
5. Name and Address of Current Registered Agent	
CEARCH LODS	
SEARCH, LORI 2170 ARNOLD LN	DO NOT WRITE
MALABAR, FL 32950	IN THIS SPACE
	IN THIS SPACE
	Section 1
8. The above named entity submits this extrement for the purpose of changing its registered office or reg	istered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered	1(55
SIGNATURE	4-27-05
Signature, typed or printed in the of registered agent apolitible if applicable. (NOTE Registered Agent signature re-	dried when terustatud) DATE
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing	\$5.00 May Be
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.	Added to Fees U00000345083 Added to Fees 04/38/05-80062-008 150.00
10. OFFICERS AND DIRECTORS	1 017 307 03 30001 300 130,00
TITLE D	(
NAME SEARCH, LORI STREET ADDRESS 2170 ARNOLD LN	
CITY ST ZIP MALABAR, FL 32950	
TITLE	
NAME	,
STREET ADDRESS CITY-ST-ZIP	=
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NAME	į
STREEY ADDRESS	DO NOT WRITE
CITY-ST-ZIP	
TITLE NAME	IN THIS SPACE
STREET ADDRESS (
CITY-ST-ZIP	
MLE	
NAME Street Address	
CITY-ST-ZIP	
TITLE	
NAME	·
STREET ADDRESS	
12 hardry cartify that the information cumulad with this filing does not qualify for the exemption strend in	Continuity 07/00/3 Elevino Classico Libraria and the defendance
12. I hereby certify that the information supplied with this filling does not qualify for the examption stated in Indicated on this report or subjemental report is true and accurate and that my signature shall have the comporation or the receiver or truetee empowered to exacute this report as required by Chapter changed, or on an attachment with praciddess, with all other like empowered.	section (19.07(3)(I), Florida Statutes. Hurther certify that the information has same legal effect as if made under oath; that I am an officer or director
changed, or on an attachment with an address, with all other like empowered.	bur, rionua statules; and mat my name appears in Block 10 or Block 11 if
PICNATURE.	*U-27-05 321-302-1061
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	9-61-03 30-302-(06)