## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 23, 2004 8:00 am **DOCUMENT # P94000074468 Secretary of State** 1. Entity Name 03-23-2004 90014 050 \*\*\*150.00 FINE HORSE CORPORATION Principal Place of Business Mailing Address 333 SO. SECOND STREET DEFUNIAK SPRINGS FL 32435 333 SO. SECOND STREET **DEFUNIAK SPRINGS FL 32435** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State City & State Applied For 4. FEI Number 59-3290129 Not Applicable Zip Zip Country Country \$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 PUGH, DANNY M Street Address (P.O. Box Number is Not Acceptable) 333 SÓ SECOND ST. **DEFUNIAK SPRINGS FL 32435** 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change Addition TITLE Delete TITLE PUGH, DANNY M NAME MAME STREET ADDRESS 333 SO 2ND ST. STREET ADDRESS CITY -ST-ZIP DEFUNIAK SPRINGS FL 32435 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PUGH, DARLENE M NAME 333 SO 2ND ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32435** CITY-ST-ZIP ☐ Delete Change NAME -NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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 deceiver 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 attact ment with an address, with an other like empowered. SIGNATURE:

12. Thereby 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

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of the corporation or the d