


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90468 032 ***150.00

DOCUMENT # P95000073818 1. Entity Name FLORIDA THOROUGHbred SALES COMPANY																													
Principal Place of Business C/O STELLA F THAYER 400 N TAMPA ST SUITE 2300 TAMPA, FL 33602 US			Mailing Address P.O. BOX 1531 TAMPA, FL 33601																										
2. Principal Place of Business 201 E. Kennedy Boulevard			3. Mailing Address Suite, Apt. #, etc. Suite 1608																										
City & State Tampa, FL			City & State Tampa, FL																										
Zip 33602		Country US		4. FEI Number NOT APPLICABLE																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent THAYER, STELLA F 400 NORTH TAMPA STREET SUITE 2300 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 201 E. Kennedy Boulevard Suite 1608 City Tampa FL Zip Code 33602																										
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 <u><i>Stella F. Thayer</i></u> 4/25/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>THAYER, STELLA F</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>400 NORTH TAMPA STREET, SUITE 2300</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33602</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	THAYER, STELLA F		STREET ADDRESS	400 NORTH TAMPA STREET, SUITE 2300		CITY-ST-ZIP	TAMPA, FL 33602		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>201 E. Kennedy Boulevard - Suite 1608</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Tampa, Florida 33602</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	201 E. Kennedy Boulevard - Suite 1608		STREET ADDRESS	Tampa, Florida 33602		CITY-ST-ZIP		
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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: <u><i>Stella F. Thayer</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Stella F. Thayer			4/25/05 <small>Date</small>		(813) 222-8931 <small>Daytime Phone #</small>																								