


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90192 013 \*\*\*150.00

<b>DOCUMENT # P95000076692</b> 1. Entity Name NORSE STABLE, INC.		
Principal Place of Business 16668 WINNER CIRCLE DR BARN 6 DELRAY BEACH, FL 33446		Mailing Address 16668 WINNER CIRCLE DR BARN 6 DELRAY BEACH, FL 33446
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent SJOLIE, STEIN 16668 WINNER CIRCLE DR DELRAY BEACH, FL 33446		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SJOLIE, STEIN 16668 WINNER CIRCLE DR. DELRAY BEACH, FL 33446	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0633836	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE  
IN THIS SPACE**

4/21/04 954 803 0401