


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90080 008 \*\*\*150.00

<b>DOCUMENT # P96000033564</b>	
1. Entity Name <b>ALLDAY HORSESHOEING, INC.</b>	

Principal Place of Business <b>12731 SW 15TH MANOR FT LAUDERDALE FL 33325 US</b>	Mailing Address <b>12731 SW 15TH MANOR FT LAUDERDALE FL 33325 US</b>
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2. Principal Place of Business <b>7901 N.W. 131<sup>ST</sup> ST. RD.</b>	3. Mailing Address <b>7901 N.W. 131<sup>ST</sup> ST. RD.</b>
Suite, Apt. #, etc. <b>Reddick</b>	Suite, Apt. #, etc.
City & State <b>FL</b>	City & State <b>Reddick</b>
Zip <b>32686</b>	Country <b>Marion</b>

1st MOORE CR2E034 (10/05)

4. FEI Number <b>65-0656457</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>ALLDAY, CHAD 12731 SW 15TH MANOR FT LAUDERDALE FL 33325</b>	
7. Name and Address of New Registered Agent Name <b>Allday, Chad</b> Street Address (P.O. Box Number is Not Acceptable) <b>7901 N.W. 131<sup>ST</sup> ST. RD.</b> City <b>Reddick</b> FL Zip Code <b>32686</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00.**  
**After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ALLDAY, CHAD 12731 SW 15TH MANOR FT LAUDERDALE FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Allday, Chad 7901 N.W. 131 <sup>ST</sup> ST. RD. Reddick, FL 32686 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-06-954-44530-B

Date: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_