2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000088501

1. Entity Name BOBBIN HOLLOW EQUESTRIAN CENTER, INC.



FILED Feb 28, 2006 08:00 AM Secretary of State

Principal Place of Business

3375 VANDERBILT BEACH RD. NAPLES, FL 34109

Mailing Address

3375 VANDERBILT BEACH RD. NAPLES, FL 34109



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0708709	Not Applicable

5. Certificate of Status Desired

02042008

\$8.75 Additional Fee Required

Daytime Phone #

CR2E034 (11/05)

5. Name and Address of Current Registered Agent

HENRY, WOODROW W 3375 VANDERBILT BEACH RD. NAPLES, FL 34109

DO NOT WRITE IN THIS SPACE

No Chg-P

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 the if applicable. [INDTE: Registered Agent signature required when refusating] DATE						
FILE NOWIN FEE 13 \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finar Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	Un0000451570 03/18/06-80058-014 150.00	
10.	OFFICERS AND DIREC	CTORS	<u> </u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O HENRY, WOODROW W 3375 VANDERBILT BEACH RD. NAPLES, FL 34109					
title Name Street adiness City-St-Zip	D HENRY, LOUISE D 3375 VANDERBILT BEACH RD. NAPLES, FL 34109	·				
TITLE HAME STREET ADDRESS CHY-ST-ZP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	_					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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.						