2007 FOR PROFIT CORPORATION

FILED Apr 02, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P96000088501 BOBBIN HOLLOW EQUESTRIAN CENTER, INC. Principal Place of Business Mailing Address 3375 VANDERBILT BEACH RD. 3375 VANDERBILT BEACH RD. NAPLES, FL 34109 NAPLES, FL 34109 02222007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0708709 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HENRY, WOODROW W DO NOT WRITE 3375 VANDERBILT BEACH RD. **NAPLES, FL 34109** IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HENRY, WOODROW W NAME 3375 VANDERBILT BEACH RD. STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34109 TITLE U00000687952 HENRY, LOUISE D NAME 04/10/07-80060-013 150.00 STREET ADDRESS 3375 VANDERBILT BEACH RD. CITY+ST-7IP NAPLES, FL 34109 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I nereby certify that the information supplied with this filing 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 praddess, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR