2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000096483

1. Entity Name
PONYS PLUS INC.

Principal Place of Business	Mailing Address
25331 WILLOW STREET BROOKSVILLE, FL 34601	25331 WILLOW STREET BROOKSVILLE, FL 34601

DO NOT WRITE IN THIS SPACE

04212008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-3412663		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAMMATT, MARK
23551 WILLOW STREET
BROOKSVILLE, FL 34601

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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>

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000918876
05/13/08-80101-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	HAMMATT, SHIRLEY
STREET ADDRESS	80 LARK AVE
CITY-ST-ZIP	BROOKSVILLE, FL

TITLE	D
NAME	HAMMATT, THOMAS S
STREET ADDRESS	80 LARK AVE
CITY-ST-ZIP	BROOKSVILLE, FL

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12. I hereby 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 an address, with all other like empowered.

SIGNATURE: _Shirley Hammatt_   4/21/08   352-799-6573

<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #</small>