


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90210 020 \*\*\*150.00

<b>DOCUMENT # P97000084926</b> 1. Entity Name <b>BIT OF CLASS STABLES, INC.</b>	
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Principal Place of Business <b>2151 NE 212TH COURT WILLISTON, FL 32696</b>	Mailing Address <del>2151 NE 212TH COURT WILLISTON, FL 32696</del> <b>5515 SE HWY 42 Sumnerfield, FL 34491</b>
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**54039231**



01122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3473213</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

<b>6. Name and Address of Current Registered Agent</b>  <b>TRIPP, DEE 2151 NE 212TH COURT WILLISTON, FL 32696</b>
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**DO NOT WRITE  
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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<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>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TRIPP, LOLA D 2151 NE 212TH COURT WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRIPP, WAGGONER S 2151 NE 212TH COURT WILLISTON, FL 32696
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

<b>SIGNATURE:</b> <i>Dee Tripp</i> <b>Dee Tripp, Treasurer</b> <b>4/17/04</b>	Date	Daytime Phone #
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