


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 04, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000096663 1. Entity Name PLUSH PONY, INC.	
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Principal Place of Business 2028 S MILITARY TRAIL W PALM BCH, FL 33415 US	Mailing Address 1010 PONCE DE LEON CLEWISTON, FL 33440
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07262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0793726	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FUCHS, LANCE C
7108 FAIRWAY DRIVE
SUITE 200
PALM BEACH GARDENS, FL 33418**

**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 _____

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEECH, ROBERT F 1010 PONCE DE LEON CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAIN, GERALD E 305 EMERSON CIRCLE PALM SPRINGS, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000573489
08/04/06-80010-006 550.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/06 (56) 512-8494
Date Daytime Phone #