

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # P97000106144

1. Entity Name
HORSE'S HEAD, INC.



Principal Place of Business
**3399 PGA BLVD
SUITE 260
PALM BEACH GARDENS, FL 33410**

Mailing Address
**3399 PGA BLVD
SUITE 260
PALM BEACH GARDENS, FL 33410**



03222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3487907

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STONE, HELEN E
3399 PGA BLVD
SUITE 260
PALM BEACH GARDENS, FL 33410**

**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 \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BAYER JR, CHARLES M
STREET ADDRESS	3399 PGA BLVD STE., #260
CITY-ST-ZIP	WEST PALM BEACH, FL 33410
TITLE	VPD
NAME	STONE, HELEN E
STREET ADDRESS	3399 PGA BLVD STE., #260
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	VP
NAME	ZERBOCK, LAURA M
STREET ADDRESS	3399 PGA BLVD STE., #260
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	S
NAME	CROSBY, SHEILA B
STREET ADDRESS	3399 PGA BLVD STE., #260
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	AS
NAME	STEVENS, CHARLES
STREET ADDRESS	3399 PGA BLVD STE., #260
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	T
NAME	SHAFFER, MARGARET B
STREET ADDRESS	399 PGA BLVD STE., #260
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410

**DO NOT WRITE
IN THIS SPACE**

000000720171
05/01/07-80094-002 150.00

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

4/16/07

Date

Daytime Phone #