2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000000608

1. Entity Name
WAVERTREE STABLES, INC.

Principal Place of Business	Mailing Address
14850 W HWY 40 OCALA, FL 34481	1665 SW 133RD AVE.RD. OCALA, FL 34481

DO NOT WRITE IN THIS SPACE

FILED

04 JUN 10 AM II: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03032004   No Chg-P   CR2E034 (10/03)   04

4. FEI Number	Applied For
59-3526734	Not Applicable

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

6. Name and Address of Current Registered Agent

DUNNE, CIARAN
1665 SW 133RD AVE RD
OCALA, FL 34481

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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.

5000382071143
06/23/04--01087--025 **550.00

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, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DUNNE, CIARAN
STREET ADDRESS	1665 SW 133RD AVE.RD.
CITY-ST-ZIP	OCALA, FL 34481

TITLE	
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CITY-ST-ZIP	

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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.

SIGNATURE: _(Amy Dunne) Sec._   3/8/04   (352) 489-8440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CIARAN DUNNE   6/7/04