


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2005 8:00 am
Secretary of State

08-18-2005 90003 003 ***150.00

DOCUMENT # P98000000608					
1. Entity Name WAVERTREE STABLES, INC.					
Principal Place of Business 14850 W HWY 40 OCALA, FL 34481			Mailing Address 1665 SW 133RD AVE RD. OCALA, FL 34481 <i>14850 W. Hwy 40 OCALA, FL 34481</i>		
2. Principal Place of Business			3. Mailing Address 14850 W. HWY. 40		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State OCALA, FL		
Zip		Country		Zip 34481	
				Country USA	
6. Name and Address of Current Registered Agent DUNNE, CIARAN 1665 SW 133RD AVE RD OCALA, FL 34481 <i>14850 W. Hwy 40 OCALA, FL 34481</i>				7. Name and Address of New Registered Agent Name DUNNE, CIARAN Street Address (P.O. Box Number is Not Acceptable) 14850 W. HWY. 40 City OCALA FL Zip Code 34481	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNNE, CIARAN 1665 SW 133RD AVE RD. OCALA, FL 34481 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>[Signature]</i> Ciaran Dunne			8/15/05 352)489-8446		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		