2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2008 08:00 AN Secretary of State

ANNOAL REPORT				_ Apr 29, 2000 00.0
DOCUMENT # P98000012412 1. Entity Name INTERBAY STABLES, INC.			Secretary of Sta	
Principal Pted 201 E KENN TAMPA, FL		Mailing Address C/O STELLA F. THAYER PO BOX 1531 TAMPA, FL 33601		
				04222008 No Chg-P CR2E034 (11/05)
	OO NOT WRITE	IN THIS SPA	CE	4. FEI Number Applied For 59-3498023 Not Applicable \$8.75 Additional
, 1	6. Name and Address of Current Re	gistered Agent	· · · · ·	5. Certificate of Status Desired Fee Required
ALLEN, JULIA M 201 E KENNEDY BLVD ST E1608 TAMPA, FL 33602				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 was or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) PATE FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 After May 1, 2008 Fee will be \$550.00 After May 1, 2008 Fee will be \$550.00 Added to Fees				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI PTSD THAYER, STELLA F 201 E KENNEDY BLVD ST E1608 TAMPA, FL 33602	RECTORS		05/22/08-90048-010, 150, oo
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				150.00 150.00
NAME STREET ADDRESS CITY-ST-ZIP			·	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-S1-ZiP				

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.

SIGNATURE:

SEMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-08

Daytime Phone #