

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90085 031 ***150.00

DOCUMENT # P98000029189 1. Entity Name K. J. STABLES, INC.					
Principal Place of Business 3460 FAIRLANE FARMS ROAD, #5 WELLINGTON, FL 33414			Mailing Address 3460 FAIRLANE FARMS ROAD, #5 WELLINGTON, FL 33414		
2. Principal Place of Business 1672 FARMINGTON CR.		3. Mailing Address 1672 FARMINGTON CR.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State WELLINGTON, FL.		City & State WELLINGTON, FL.		4. FEI Number 65-0831292	
Zip 33414		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARVIE, JOHN C 3460 FAIRLANE FARMS ROAD, #5 WELLINGTON, FL 33414		7. Name and Address of New Registered Agent Name JOHN C. HARVIE (SAME) Street Address (P.O. Box Number is Not Acceptable) 1672 FARMINGTON CR. City WELLINGTON FL Zip Code 33414			
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 JOHN C. HARVIE 3/30/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARVIE, JOHN C 3460 FAIRLANE FARMS ROAD, #5 WELLINGTON, FL 33414 <input type="checkbox"/> Delete ADDRESS CHANGE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HARVIE, JOHN C. 1672 FAIRLANE FARMINGTON CR. WELLINGTON, FL. 33414 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HARVIE, KAREN E 3460 FAIRLANE FARMS ROAD, #5 WELLINGTON, FL 33414 <input type="checkbox"/> Delete ADDRESS CHANGE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HARVIE, KAREN E. 1672 FARMINGTON CR. WELLINGTON, FL. 33414 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: JOHN C. HARVIE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/30/05 561-719-9505 <small>Date Daytime Phone #</small>			

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