

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000043240

1. Entity Name

DRESSAGE CENTER, INC.



Principal Place of Business

1307 SPRING GARDEN RD.
DELEON SPRINGS FL 32130

Mailing Address

P O BOX 6508
SYRACUSE NY 13217



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-3522382**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EXTROM, JOHN
128 RIVERWALK DR S
PALM COAST FL 32164

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	EXTROM, JOHN P	
STREET ADDRESS	128 RIVERWALK DS	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	V	<input type="checkbox"/> Delete
NAME	PINTO, LINDA	
STREET ADDRESS	160 SHADY BLUFF TRL	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	TD	<input type="checkbox"/> Delete
NAME	POULIN, SHARON	
STREET ADDRESS	100 CATAALONIA PO BOX 597	
CITY-ST-ZIP	DELAND SPRING FL 32130	
TITLE	SD	<input type="checkbox"/> Delete
NAME	THOMPSON, JUDITH	
STREET ADDRESS	920 SHADY BRANCH TRAIL	
CITY-ST-ZIP	DELAND FL 32724	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UD00000611068	
STREET ADDRESS	02/02/07-80047-014 150.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN P. EXTROM
JOHN P. EXTROM

Date: 1-26-07

Daytime Phone: 1-305-103