2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000043240

1. Entity Name
DRESSAGE CENTER, INC.

Principal Place of Business	Mailing Address
1307 SPRING GARDEN RD. DELEON SPRINGS, FL 32130	P O BOX 6508 SYRACUSE, NY 13217

01062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

EXTROM, JOHN
128 RIVERWALK DR S
PALM COAST, FL 32164

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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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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01/10/08-80034-016 150.00

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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, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #