


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90023 050 ***150.00

DOCUMENT # P98000054404

1. Entity Name
EQUESTRIAN ENTERPRISES, INC.



Principal Place of Business Mailing Address
551 16TH STREET SE **551 16TH STREET SE**
NAPLES, FL 34117 **NAPLES, FL 34117**

24081001

2. Principal Place of Business 3. Mailing Address
3920 30th Ave. SE **3920 30th Ave. SE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



08182004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0899053		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MOORE, LARA 551 16TH STREET SE 3920 30th Ave. SE NAPLES, FL 34117		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$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	D <input type="checkbox"/> Delete SIMONSEN, LARA 551 16TH STREET SE NAPLES, FL 34117	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3920 30th Ave. SE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SIMONSEN, RAYMOND 551 16TH SE NAPLES, FL 34117	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3920 30th Ave. SE
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 checked="" 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: *Lara Simonsen* Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

24081801

EQUESTRIAN ENTERPRISES, INC.
3920 30TH AVE. SE
NAPLES, FL 34117

August 18, 2004

Divisions of Corporation
Uniform Business Report
P.O. Box 6198
Tallahassee, FL 32314

Re: Document #P98000054404
2004 Uniform Business Report

Gentlemen:

With reference to the above, I been informed of non payment of my UBR. I have not received my first notice of the 2004 report since I had a change of address.

My accountant, upon calling "The State Corporation Department", was informed and advised to print the form and have me file it with the \$150.00. She was also told my penalties would be waived. Enclosed is check number 2110 in the amount of \$150.00.

Also, I would like to have this form mailed to me each year in order to avoid this problem.

Sincerely,



Lara Simonsen
President

HW/rr

Enclosures