

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-12-2004 90034 009 ***150.00

DOCUMENT # P98000087666	
1. Entity Name WHISPERING PALMS PERFORMANCE HORSES, INC.	

Principal Place of Business 4400 5TH STREET GRANT, FL 32949	Mailing Address P.O. BOX 469 GRANT, FL 32949
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66408390



02192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3536967	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	
SCHMIDT, CARL F JR. 318 VESTA CIRCLE MELBOURNE, FL 32901	

**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 CARL F. SCHMIDT, JR. DATE 2-23-04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCHMIDT, CONTANCE G PO BOX 553 4400 5TH ST GRANT, FL 32949
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SCHMIDT, ERICA J 4897 PARAKEET COURT MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SCHMIDT, TIFFANY F 318 VESTA CIRCLE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: CONSTANCE G. SCHMIDT Constance G. Schmidt 3-9-04 321-725-8774