## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCUMENT # DOSOCOCOAO



Mar 10, 2008 8:00 am Secretary of State

**FILED** 

1. Enlity Name BEAUTIFUL RANCH HORSES CORPORATION							03-10-2008 9	90077 0	34 ***158	3.75
Principal Plac	e of Business	Ma	iling Address		•	7				
			950 NE 110TH ST OCALA, FL 34479						IN <b>O 18</b> 11 <b>PIRAS</b> I <b>S</b>	
Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02182008	Chg-P	CR2E0	34 (12/06)	
—City & State———————————————————————————————————			City, & State			4. FEI Number 65-0880	797		—	oplied For ot Applicable
Zip	Country	Z	Zip Coun		ntry	5. Certificate of		×	\$8.75 Add	ditional
	6. Name and Address of C	urrent Regist	ered Agent			7. Name and A	ddress of New R	egistered /	Agent	
SWANSON	N VIVIAN I				Name					
SWANSON, VIVIAN L 25 SW 27THA VE					Street Address (P.O. Box Number is Not Acceptable)					
OCALA, FI	L 344/4									
	• •				City			FL	Zip Cod	e
	named entity submits this state ions of registered agent.	ment for the p	urpose of changing its	register	ed office or regist	tered agent, or both.	in the State of Flo		familiar with,	and accept
the obligat	ions or registered agent.								,	
SIGNATURÉ_	Signature, typed or printed name of register	red agent and title if	applicable (NOT	E: Registere	ed Agent signature requi	red when reinstating)		DATE		
		FILE NOWIII FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  7. Election Campaign Financing Trust Fund Contribution.								
FIL After Ma	E NOWI!! FEE IS \$150. ay 1, 2008 Fee will be \$	00 \$550.00				5.00 May Be	- "			
After Ma	ay 1, 2008 Fee will be S	00 \$550.00 IS AND DIREC	Trust Fund Cont	tribution.	A	dded to Fees	HANGES TO OFF	ICERS AND		
After Ma	ay 1, 2008 Fee will be s	550.00	Trust Fund Cont	tribution.	E Āc	dded to Fees	HANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
10. TITLE NAME STREET ADDRESS	OFFICER  OFFICER  DPT  MOLINA, AICARDO  5924 SW 89TH ST	550.00	Trust Fund Cont	11. TITL NAM	E AE EET ADDRESS	dded to Fees	HANGES TO OFF	ICERS AND		
10. TITLE NAME STREET ADDRESS CITY ST-ZIP	OFFICER  OFFICER  DPT  MOLINA, AICARDO  5924 SW 89TH ST  OCALA, FL 34476	550.00	Trust Fund Cont	11. TITL NAM STRE	E AE EET ADURESS ST-Z/P	dded to Fees	HANGES TO OFF	ICERS AND	☐ Change	☐ Addition
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12. Thereby 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 diseasor of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Elerida 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.

SIGNATU	JRE:
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Director SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-08

Cate

352-8611208