
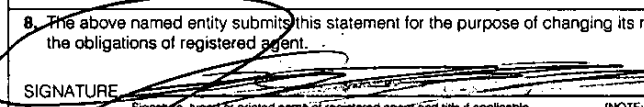
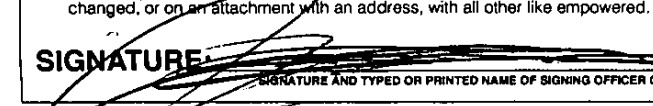


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90061 020 ***150.00

| | | | | | |
|---|---|--|---|--|--|
| DOCUMENT # P99000008689 1. Entity Name EQUINE STABLE, INC. | | | |  | |
| Principal Place of Business 3665 BEE RIDGE ROAD #310 SARASOTA, FL 34233 | | | Mailing Address 3665 BEE RIDGE ROAD #310 SARASOTA, FL 34233 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| MCSWEENEY, ANINA C 3665 BEE RIDGE ROAD #310 SARASOTA, FL 34233 | | | | Name Jaime S. Carrion | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) 3665 Bee Ridge Rd. #310 | |
| | | | | City Sarasota | |
| | | | | State FL | |
| | | | | Zip Code 34233 | |
| 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  | | | Jaime S. Carrion, President 3/4/05 | | |
| <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | C CARRION, JAIME S 3665 BEE RIDGE ROAD #310 SARASOTA, FL 34233 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS THOMAS, DORA M 3665 BEE RIDGE ROAD #310 SARASOTA, FL 34233 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MCSWEENEY, ANINA C 3665 BEE RIDGE ROAD #310 SARASOTA, FL 34233 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT CARRION, JAIME R 3665 BEE RIDGE ROAD #310 SARASOTA, FL 34233 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P C Carrion, Jaime S. 3665 Bee Ridge Rd. #310 Sarasota, FL 34233 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V McSweeney, Anina C. 3665 Bee Ridge Rd. #310 Sarasota, FL 34233 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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"/> 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  | | | Jaime S. Carrion 3/4/05 (941) 923-4551 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |