


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90197 032 ***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		4. FEI Number 65-0890363		
Zip		Country		Applied For Not Applicable		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
CARRION, JAIME S 3665 BEE RIDGE RD #310 SARASOTA, FL 34233			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 _____ <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, 2006 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 PC	NAME CARRION, JAIME S		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 3665 BEE RIDGE ROAD #310	CITY-ST-ZIP SARASOTA, FL 34233			STREET ADDRESS	CITY-ST-ZIP	
TITLE V	NAME MCSWEENEY, ANINA C		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 3665 BEE RIDGE ROAD #310	CITY-ST-ZIP SARASOTA, FL 34233			STREET ADDRESS	CITY-ST-ZIP	
TITLE P	NAME MCSWEENEY, ANINA C		<input type="checkbox"/> Delete	TITLE VPS	NAME Thomas, Dora Maria C	
STREET ADDRESS 3665 BEE RIDGE ROAD #310	CITY-ST-ZIP SARASOTA, FL 34233			STREET ADDRESS 3665 Bee Ridge Road #310	CITY-ST-ZIP Sarasota, FL 34233	
TITLE VT	NAME CARRION, JAIME R		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 3665 BEE RIDGE ROAD #310	CITY-ST-ZIP SARASOTA, FL 34233			STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	CITY-ST-ZIP	
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 in an attachment with an address, with all other like empowered.						
SIGNATURE: <u>Dora Maria C. Thomas</u> <u>4-10-06 941-923-4551</u>						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						