2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000012713

1. Entity Name
LUCKY BREAK STABLES, INC.

Principal Place of Business	Mailing Address
158 COLONY POINT DR. PUNTA GORDA, FL 33950	P.O. DRAWER 511447 PUNTA GORDA, FL 33951-1447

DO NOT WRITE IN THIS SPACE

01072004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0893215	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HACKETT, JACK O II
99 NESBIT STREET
PUNTA GORDA, FL 33950

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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_____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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	DPS
NAME	SCHIDER, CONNIE M
STREET ADDRESS	158 COLONY POINT DR.
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	VT
NAME	HEISEL, DONALD F
STREET ADDRESS	158 COLONY POINT DR.
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____Connie M Schider_____   1/22/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #