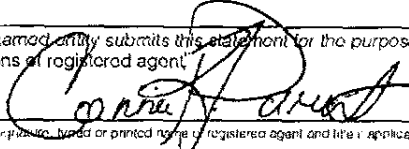


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000066716 1. Entity Name HOOF AND HARNESS, INC.					
Principal Place of Business 1728 GREEN MEADOW DRIVE LUTZ FL 33549			Mailing Address 1728 GREEN MEADOW DRIVE LUTZ FL 33549		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3591407	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent PARENT, CONNIE K 1728 GREEN MEADOW DRIVE LUTZ FL 33549					
7. Name and Address of New Registered Agent 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  DATE 02/04/07 (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May 1 Trust Fund Contribution ☐ Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY ST ZIP	P PARENT, ALFRED F ☐ Delete 1728 GREEN MEADOW DR LUTZ FL 33549				
TITLE NAME STREET ADDRESS CITY ST ZIP	VSTD PARENT, CONNIE K ☐ Delete 1728 GREEN MEADOW DR LUTZ FL 33549				
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY ST ZIP					
U00000629244 02/16/07-80049-025 150.00					
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					
TITLE NAME STREET ADDRESS CITY ST ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 on an attachment with an address, with all other like empowered.					
SIGNATURE: Alfred F. Parent  2/4/07 (P13) 999-92 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					