2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P99000072265

SADDLE UP TACK & SUPPLIES, INC.

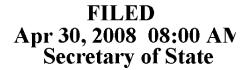


Principal Place of Business

7818 LITHIA PINECRES RD LITHIA, FL 33547

Mailing Address

7818 LITHIA PINECRES RD LITHIA, FL 33547





04252008 DO NOT WRITE IN THIS SPACE

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3592147

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YOUNG, SUSAN 7818 LITHIA PINECRES RD LITHIA, FL 33547

DO NOT WRITE IN THIS SPACE

							it in	
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			d Agent signature	required when reinstating)		DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	U000009 05/22/08-{	 932918 80072-025 j	150.00	
10.	OFFICERS AND DIREC	CTORS	ر در در در در د	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		X YANG T		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GILMAN, KATHLEEN 209 KNOLLWOOD STREET TAMPA, FL 33604							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD YOUNG, SUSAN M 7818 LITHIA PINECREST RD LITHIA, FL 33547							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WF	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN.	THIS SPA	ACE.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-S1-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 on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

813-681-1600