

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000084818

FILED
Jan 31, 2005
Secretary of State

Entity Name: BREVARD EQUESTRIAN CENTER, INC

Current Principal Place of Business:

4850 OLD DIXIE HIGHWAY
GRANT, FL 32949 US

New Principal Place of Business:

Current Mailing Address:

982 BROCKSMITH STREET
PALM BAY, FL 32909 US

New Mailing Address:

4850 OLD DIXIE HIGHWAY
GRANT, FL 32949 US

FEI Number: 59-3623278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMIT, LISA J PRES
982 BROCKSMITH STREET
PALM BAY, FL 32909 US

Name and Address of New Registered Agent:

SMIT, LISA J PRES
4850 OLD DIXIE HIGHWAY
GRANT, FL 32949 US

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.

SIGNATURE: LISA J SMIT

01/31/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: HAKKILA-WILLS, JEANNE
Address: 972 WHISPEROAK DR
City-St-Zip: MELBOURNE, FL 32901

Title: P () Delete
Name: SMIT, LISA J
Address: 982 BROCKSMITH ST
City-St-Zip: PALM BAY, FL 32909

Title: VP () Delete
Name: SMIT, ADAM J
Address: 982 BROCKSMITH STREET
City-St-Zip: PALM BAY, FL 32909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: SMIT, LISA J
Address: 4850 OLD DIXIE HIGHWAY
City-St-Zip: GRANT, FL 32949

Title: VP (X) Change () Addition
Name: SMIT, ADAM J
Address: 4850 OLD DIXIE HIGHWAY
City-St-Zip: GRANT, FL 32949

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA J SMIT

PRES

01/31/2005

Electronic Signature of Signing Officer or Director

Date