

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000086113

1. Entity Name
BRIGGS & CROMARTIE BLOODSTOCK AGENCY, INC.



Principal Place of Business
6800 NW 193RD STREET
ORANGE LAKE, FL 32681

Mailing Address
PO BOX 789
ORANGE LAKE, FL 32681



03172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0947408

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAINES, TIM D
125 NE 1ST AVENUE
SUITE 1
OCALA, FL 34470

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000277042

03/26/05-80013-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRIGGS, ALAN R
STREET ADDRESS	1222 SE 7TH STREET
CITY - ST - ZIP	OCALA, FL 34471
TITLE	D
NAME	CROMARTIE, ROBERT A
STREET ADDRESS	1222 SE 7TH STREET
CITY - ST - ZIP	OCALA, FL 34471
TITLE	S
NAME	BUDDEN, SHEILA
STREET ADDRESS	PO BOX 789
CITY - ST - ZIP	ORANGE LAKE, FL 32681
TITLE	D
NAME	CROMARTIE, ALEXANDER I
STREET ADDRESS	1222 SE 7TH AVENUE
CITY - ST - ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 SHEILA BUDDEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/05

Date

352-591-5888

Daytime Phone #