

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000086113

FILED
Apr 28, 2009
Secretary of State

Entity Name: BRIGGS & CROMARTIE BLOODSTOCK AGENCY, INC.

Current Principal Place of Business:

7400 NW 193RD STREET
ORANGE LAKE, FL 32681

New Principal Place of Business:

3655 NE 138TH PLACE
ANTHONY, FL 32617

Current Mailing Address:

PO BOX 789
ORANGE LAKE, FL 32681

New Mailing Address:

PO BOX 669
OCALA, FL 34478

FEI Number: 65-0947408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRIGGS, ALAN R
Address: 1222 SE 7TH STREET
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: CROMARTIE, ROBERT A
Address: 1222 SE 7TH STREET
City-St-Zip: OCALA, FL 34471

Title: S () Delete
Name: BUDDEN, SHEILA
Address: PO BOX 789
City-St-Zip: ORANGE LAKE, FL 32681

Title: D () Delete
Name: CROMARTIE, ALEXANDER I
Address: 1222 SE 7TH AVENUE
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: GALVAN, DAVID
Address: P.O. BOX 787
City-St-Zip: ORANGE LAKE, FL 32681

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: BUDDEN, SHEILA
Address: PO BOX 669
City-St-Zip: OCALA, FL 34478

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

Title: D (X) Change () Addition
Name: GALVAN, DAVID
Address: P.O. BOX 669
City-St-Zip: OCALA, FL 34478

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SHEILA BUDDEN

S

04/28/2009

Electronic Signature of Signing Officer or Director

Date