

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000086113

FILED  
Mar 23, 2010  
Secretary of State

**Entity Name:** BRIGGS & CROMARTIE BLOODSTOCK AGENCY, INC.

**Current Principal Place of Business:**

3655 NE 138TH PLACE  
ANTHONY, FL 32617

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 669  
OCALA, FL 34478

**New Mailing Address:**

**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  
Name: BRIGGS, ALAN R  
Address: 1222 SE 7TH STREET  
City-St-Zip: Ocala, FL 34471

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

Title: S  
Name: BUDDEN, SHEILA  
Address: PO BOX 669  
City-St-Zip: Ocala, FL 34478

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

Title: D  
Name: GALVAN, DAVID  
Address: P.O. BOX 669  
City-St-Zip: Ocala, FL 34478

Title: D  
Name: FARRELL, KENNETH  
Address: P.O. BOX 669  
City-St-Zip: Ocala, FL 34478

I hereby 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 all other like empowered.

SIGNATURE: SHEILA BUDDEN

S

03/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date