2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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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

OFFICERS AND DIRECTORS:

Title: D
Name: BRIGGS, ALAN R
Address: P.O. BOX 669
City-St-Zip: OCALA, FL 34478

Title: D
Name: CROMARTIE, ROBERT A
Address: P.O. BOX 669
City-St-Zip: OCALA, FL 34478

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

Title: D
Name: CROMARTIE, ALEXANDER I
Address: P.O. BOX 669
City-St-Zip: OCALA, FL 34478

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 03/22/2011

Electronic Signature of Signing Officer or Director — Date