2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # V60242

1. Entity Name
FLORIDA HORSE RANCH, INC.

Principal Place of Business	Mailing Address
2120 CORPORATE SQUARE BLVD. SUITE 3 JACKSONVILLE, FL 32216	2120 CORPORATE SQUARE BLVD. SUITE 3 JACKSONVILLE, FL 32216

DO NOT WRITE IN THIS SPACE

04242008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3163514

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SEMANIK, JOHN A.
2120 CORPORATE SQUARE BLVD.
SUITE 3
JACKSONVILLE, FL 32216

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000542657
05/10/06-80106-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SEMANIK, JOHN A.
STREET ADDRESS	2120 CORP. SQ. BLVD., #3
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	S
NAME	SEMANIK, LINDA
STREET ADDRESS	2120 CORPORATE SQ BLVD., #3
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VP
NAME	CARPENTER, KATHERINE S
STREET ADDRESS	2120 CORPORATE SQ. BLVD., #3
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Katherine S. Carpenter KATHERINE S. CARPENTER 4-26-06 724-7800 (904)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #