

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V61716

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Entity Name:** AA - D HORSE ADVENTURES, INC.

**Current Principal Place of Business:**

3749 W CITRUS TRACE  
DAVIE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

3749 W CITRUS TRACE  
DAVIE, FL 33328

**New Mailing Address:**

**FEI Number:** 65-0392983

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HASTINGS, ANN  
3749 W CITRUS TRACE  
DAVIE, FL 33328 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: PSD  
Name: HASTINGS, ANN  
Address: 3749 W CITRUS TRACE  
City-St-Zip: DAVIE, FL 33328

Title: SD  
Name: EATON, DON  
Address: 3749 W CITRUS TRACE  
City-St-Zip: DAVIE, FL 33328

Title: VPD  
Name: POTTER, GWEN J  
Address: 4030 NW 16TH PL  
City-St-Zip: GAINESVILLE, FL 32605

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: GWEN J POTTER

VPD

01/18/2012

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

\_\_\_\_\_ Date