

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000066144

**FILED**  
**Apr 17, 2010**  
**Secretary of State**

**Entity Name:** SCHOOL OF DRESSAGE, INC.

**Current Principal Place of Business:**

1307 SPRING GARDEN RANCH RD.  
DELEON SPRINGS, FL 32130

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 597  
DELEON SPRINGS, FL 32130

**New Mailing Address:**

**FEI Number:** 05-0588813

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAUER, KIRK T ESQ.  
223 S. WOODLAND BLVD.  
DELAND, FL 32720 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: MR  
Name: POULIN, MICHAEL B  
Address: 1307 SPRING GARDEN RANCH RD  
City-St-Zip: DELEON SPRINGS, FL 32130 US

Title: MRS  
Name: POULIN, SHARON R  
Address: 1307 SPRING GARDEN RANCH RD  
City-St-Zip: DELEON SPRINGS, FL 32130 US

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: SHARON POULIN

MRS

04/17/2010

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

\_\_\_\_\_ Date