**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 14, 2016**
**Secretary of State**
**CC3914597335**

DOCUMENT# N02000004391

**Entity Name:** HEAVENLY HOOFS, INC.

**Current Principal Place of Business:**

1631 EAST VINE STREET, SUITE 300
KISSIMMEE, FL 34744

**Current Mailing Address:**

1631 EAST VINE STREET, SUITE 300
KISSIMMEE, FL 34744 US

**FEI Number: 13-4205662**

**Certificate of Status Desired:** No

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

SANCHEZ, THOMASA
1631 EAST VINE STREET, SUITE 300
KISSIMMEE, FL 34744 US

*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

**Officer/Director Detail :**

| | |
|---|---|
| Title | PRESIDENT |
| Name | SANCHEZ, THOMASA |
| Address | 2800 VICKIE COURT |
| City-State-Zip: | KISSIMMEE FL 34744 |

| | |
|---|---|
| Title | TREASURER |
| Name | DIXON, KENNETH G |
| Address | 1627 EAST VINE STREET, E |
| City-State-Zip: | KISSIMMEE FL 34744 |

| | |
|---|---|
| Title | D |
| Name | WHITE, THOMAS E |
| Address | 4717 OLD CANOE CREEK RD. |
| City-State-Zip: | ST. CLOUD FL 34769 |

| | |
|---|---|
| Title | CHAIRMAN |
| Name | MILLER, MARK |
| Address | 2730 PARTIN SETTLEMENT ROAD |
| City-State-Zip: | KISSIMMEE FL 34744 |

| | |
|---|---|
| Title | D |
| Name | TOMPKINS, THOMAS |
| Address | 1731 BOGGY CREEK ROAD |
| City-State-Zip: | KISSIMMEE FL 34744 |

| | |
|---|---|
| Title | D |
| Name | WALTER, LARRY W |
| Address | 400 WEST EMMET ST |
| City-State-Zip: | KISSIMMEE FL 34741 |

| | |
|---|---|
| Title | SECRETARY |
| Name | ACKLEY, RAJIA |
| Address | 1503 SUNSET POINTE PLACE |
| City-State-Zip: | KISSIMMEE FL 34744 |

| | |
|---|---|
| Title | D |
| Name | SANCHEZ, DOMINGO |
| Address | 2800 VICKIE COURT |
| City-State-Zip: | KISSIMMEE FL 34744 |

**Continues on page 2**

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: THOMASA SANCHEZ PRESIDENT 04/14/2016

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | D |
| Name | REY, TONY JR. |
| Address | 2000 COTSWOLD DR |
| City-State-Zip: | ORLANDO FL 32825 |

| | |
|---|---|
| Title | VC |
| Name | ROBERTS, CHARLES JR. |
| Address | 6850 LAKE NONA BOULEVARD |
| City-State-Zip: | ORLANDO FL 32827 |

| | |
|---|---|
| Title | D |
| Name | JEANNIN, WENDI |
| Address | 4423 ALBRITTON RD |
| City-State-Zip: | ST. CLOUD FL 34772 |

| | |
|---|---|
| Title | D |
| Name | GIBSON, SARAH DR. |
| Address | 13535 NEMOURS PARKWAY |
| City-State-Zip: | ORLANDO FL 32827 |

| | |
|---|---|
| Title | D |
| Name | SMOLEY, SHARON |
| Address | P.O. BOX 10000 |
| City-State-Zip: | LAKE BUENA VISTA FL 32830 |