


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

04-21-2004 90023 010 ***150.00

DOCUMENT # P03000116126

1. Entity Name
OAK HILL STABLES, INC



Principal Place of Business Mailing Address

**33 4TH STREET N
 STE 211
 ST PETERSBURG, FL 33701**

**33 4TH STREET N
 STE 211
 ST PETERSBURG, FL 33701**

2. Principal Place of Business 3. Mailing Address

1430 N.W. 114th Loop **1430 N.W. 114th Loop**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Ocala, Fla. **Ocala, Fla.**

Zip Country Zip Country

34475 **MARION** **34475** **MARION**



04132004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

52-2404621 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DURKIN, JAMES P ESQ.
2605 EAST ATLANTIC BLVD.
POMPANO BEACH, FL 33062

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RAHALL, JEFFREY	
STREET ADDRESS	33 4TH STREET N STE 211	
CITY-ST-ZIP	ST.PETERSBURG, FL 33701	
TITLE	Secretary -	<input checked="" type="checkbox"/> Delete
NAME	SHANNON L. WRIGHT	
STREET ADDRESS	1430 N.W. 114 th Loop	
CITY-ST-ZIP	Ocala, FL 34475	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Louisa M. Wright, Pres.	
STREET ADDRESS	35-4 th Street North Suite 211	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	Vice Pres. / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANNON L. WRIGHT	
STREET ADDRESS	1430 N.W. 114 th Loop	
CITY-ST-ZIP	Ocala, FL 34475	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(i), 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: Louisa M. Wright / Pres. 5/5/04 (352) 572-2812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #