


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90023 012 ****61.25

DOCUMENT # 704644

1. Entity Name
PASCO TROTTING AND PACING ASSOCIATION, INC.



Principal Place of Business Mailing Address

**9553 OLD LAKELAND HWY
 DADE CITY FL 33525-1449
 US**

**11104 REDBIRD DR
 DADE CITY FL 33525**

2. Principal Place of Business 3. Mailing Address

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

9553 OLD LAKELAND HWY

DADE CITY FL

City & State City & State

DADE CITY FL

Zip Country Zip Country

33525 USA

4. FEI Number Applied For

59-2349454 Not Applicable

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



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

**PAGE, GORDON
 11104 REDBIRD DR
 DADE CITY FL 33525**

7. Name and Address of New Registered Agent

Name **BONNIE CORE**

Street Address (P.O. Box Number is Not Acceptable)
9553 OLD LAKELAND HWY

City **DADE CITY FL** Zip Code **33525**

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 *Bonnie Core* **BONNIE CORE** TREASURER Feb 12/04

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

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2004**

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	RITTER, JAMES M.
STREET ADDRESS	RFD # 1 BOX 578
CITY-ST-ZIP	GREENCASTLE IN
TITLE	SD RITTER <input type="checkbox"/> Delete
NAME	RITTER, KATHLEEN
STREET ADDRESS	RFD # 1 BOX 578
CITY-ST-ZIP	GREENCASTLE IN
TITLE	DV <input checked="" type="checkbox"/> Delete
NAME	HARTMAN, SHARON
STREET ADDRESS	6037 RYNN ROAD
CITY-ST-ZIP	CLYDE MI 48049
TITLE	DV <input checked="" type="checkbox"/> Delete
NAME	WRIGHT, DONALD
STREET ADDRESS	29525 CITRUS TRACE WAY
CITY-ST-ZIP	WESLEY CHAPEL FL 33544
TITLE	DP <input checked="" type="checkbox"/> Delete
NAME	PAGE, GORDON
STREET ADDRESS	11104 REDBIRD DR
CITY-ST-ZIP	DADE CITY FL
TITLE	TD <input type="checkbox"/> Delete
NAME	CORE, BONNIE
STREET ADDRESS	9553 OLD LAKELAND HWY
CITY-ST-ZIP	DADE CITY FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYNES, DICK
STREET ADDRESS	9553 OLD LAKELAND HWY
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANNEAR, RICHARD
STREET ADDRESS	11201 RED BIRD DR.
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAHY, ED
STREET ADDRESS	34100 HWY 54W
CITY-ST-ZIP	ZEPHYR HILLS, FL 33543
TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRUSKO, DAVE
STREET ADDRESS	PO BOX 418
CITY-ST-ZIP	DADE CITY, FL 33526
TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RON DE SILVA
STREET ADDRESS	37916 ASHBROOK RD.
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARTMAN, CHARLES
STREET ADDRESS	6037 RYNN RD
CITY-ST-ZIP	CLYDE, MI 48049

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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 617, 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: *Bonnie Core* **BONNIE CORE** Feb. 12/04 352-567-7196

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