


FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90409 007 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 704644					
1. Entity Name PASCO TROTGING AND PACING ASSOCIATION, INC.					
Principal Place of Business 9553 OLD LAKELAND HWY DADE CITY, FL 33525-1449 US			Mailing Address 37916 ASHBROOK RD DADE CITY, FL 33525		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2349454	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORE, BONNIE 9553 OLD LAKELAND HWY DADE CITY, FL 33525			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 <u>Bonnie Core</u>		<u>BONNIE CORE</u>		<u>APRIL 7, 2007</u>	
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYNES, DICK 4718-221 ST N. CLYDE, MI 48049	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SMITH, BOB 202 S. COLUMBUS DR. WEST LIBERTY, IA 52776	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTAN, CHARLES 6037 RYNN RD CLYDE, MI 48049	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HARTMAN, CHARLES 6037 RYNN RD CLYDE, MI 48049	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FAHY, ED 34100 HWY 54 W ZEPHYRHILLS, FL 33543	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEISNER, BOB 40217 PACER WAY DADE CITY, FL 33525	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RITTER, JAMES 3449 N CR 350W GREENCASTLE, IN 46135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE SILVA, RON 37916 ASHBROOK RD DADE CITY, FL 33525	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CORE, BONNIE 9553 OLD LAKELAND HWY DADE CITY, FL 33525	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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02082007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2349454 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 CORE, BONNIE
 9553 OLD LAKELAND HWY
 DADE CITY, FL 33525

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 Bonnie Core BONNIE CORE APRIL 7, 2007

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

Filing Fee is \$81.25 Due by May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 APRIL 7/07 352 567 7196

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