2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # J23221

1. Entity Name
FLORIDA SPORTS PARK, INC.

Principal Place of Business	Mailing Address
8250 COLLIER BLVD NAPLES, FL 34113 US	BOX 990010 NAPLES, FL 34116 US

04072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0186594
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CANNON, THOMAS
5089 E. TAMIAMI TRAIL
NAPLES, FL 34113

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be $550.00

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

U00000092313
04/23/08-80061-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	MCMAHON, CHUCK
STREET ADDRESS	14834 FRIPP ISLAND CT
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	T
NAME	CANNON, THOMAS
STREET ADDRESS	5089 E TAMIAMI TRAIL
CITY-ST-ZIP	NAPLES, FL 34113
TITLE	P
NAME	SWIFT, ROB
STREET ADDRESS	1891 PINE RIDGE RD
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 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: _____ Thomas Cannon 4/9/08 239-774-2701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #