


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90033 014 \*\*\*\*61.25

**DOCUMENT # N96000005317**

1. Entity Name  
 TAMPA BAY AREA RACING ASSOC., INC.



Principal Place of Business  
 7815 COMMERCE ST  
 RIVERVIEW, FL 33569

Mailing Address  
 7815 COMMERCE ST  
 RIVERVIEW, FL 33569

2. Principal Place of Business  
 6333 Buets Rd.  
 Suite, Apt. #, etc.

3. Mailing Address  
 6333 Buets Rd.  
 Suite, Apt. #, etc.

City & State  
 Tampa FL

City & State  
 Tampa FL

Zip  
 33619

Country  
 USA

90033100



02192006 Chg-NP CR2E037 (11/05)

4. FEI Number  
 59-3408061

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

REHM, DONALD C  
 7815 COMMERCE ST.  
 RIVERVIEW, FL 33569

7. Name and Address of New Registered Agent

Name REHM, DONALD C  
 Street Address (P.O. Box Number is Not Acceptable)  
 6333 Buets Rd.  
 City Tampa FL Zip Code 33619

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD REHM, DON 7815 COMMERCE ST. RIVERVIEW, FL 33569	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHALIN, CURTIS 1750 PLEASANT HILL RD KISSIMMEE, FL 34746	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REHM, ANN 7815 COMMERCE ST. RIVERVIEW, FL 33569	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Don Rehm Don Rehm 3-11-06 (813)677-2326

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