


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2008 8:00 am**  
**Secretary of State**

01-23-2008 90010 018 \*\*\*\*61.25

DOCUMENT # N96000005317					
1. Entity Name TAMPA BAY AREA RACING ASSOC., INC.					
Principal Place of Business 6333 BURTS RD TAMPA, FL 33619		Mailing Address 6333 BURTS RD TAMPA, FL 33619			
2. Principal Place of Business - No P.O. Box # <b>3810 W.OSBORNE AVE.</b>		3. Mailing Address <b>3810 W.OSBORNE AVE.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>TAMPA, FL.</b>		City & State <b>TAMPA, FL.</b>		4. FEI Number <b>59-3408061</b>	
Zip <b>33614</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>REHM, DONALD C</b> <b>6333 BURTS RD</b> <b>TAMPA, FL 33619</b>		7. Name and Address of New Registered Agent Name <b>LENNY PUGLIO</b> Street Address (P.O. Box Number is Not Acceptable) <b>3810 W.OSBORNE AVE.</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33614</b>			
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 <b>LENNY PUGLIO</b>				DATE <b>1/9/08</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	PD REHM, DON 6333 BURTS RD TAMPA, FL 33619	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LENNY PUGLIO 3810 W.OSBORNE AVE. TAMPA, FL 33614	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHALIN, CURTIS 911 MACKAY ST ST CLOUD, FL 34769	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TERRY DECAIRE 6466 WILLOW WOOD LN. TAMPA, FL 33634	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REHM, ANN 6333 BURTS RD TAMPA, FL 33619	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NEIL HARTLEY 6443 ASHVILLE DR. ZEPHYRHILLS, FL 33542	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DECAIRE, TERRY 6466 WILLOW WOOD LANE TAMPA, FL 33634	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBERT STEPHENSON 16110 ARMISTEAD LN. ODESSA, FL 33556	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: <b>LENNY PUGLIO</b>		<i>Lenny Puglio</i>		DATE <b>1/9/08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	
				Daytime Phone # <b>876-6438</b>	